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The Journal of THE AMERICAN DIETETIC ASSOCIATION

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The Journal of

The American Dietetic Association

A DIETARY DEPARTMENT BUDGET AND EQUIPMENT

MARY E. REED

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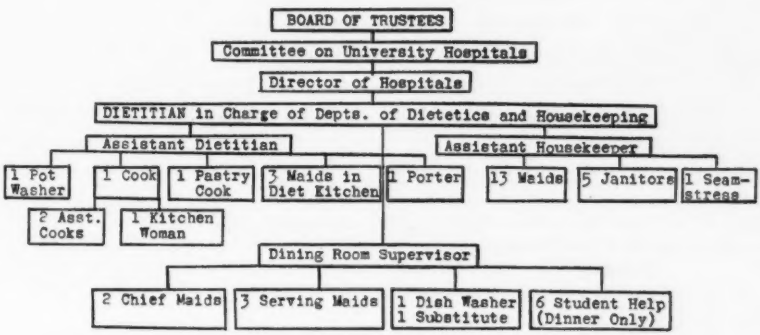
In writing of a new organization, as is that of the Albert Merritt Billings Hospital of the University Clinics of the University of Chicago, everything must be considered tentatively. At this writing (before the middle of April), no member of the hospital organization, excepting the engineer and the store keeper, has gone into the building to work; thus what is written is what we have planned and hoped for but it has not as yet materialized.

The plan of organization which relates to the Departments of Dietetics and Housekeeping, when given graphically, appears as follows:



This is the organization as we are anticipating it in July, 1928, about one year after opening for patients. At that date we plan to care for 167 hospital patients daily, to house 120 employees, and to serve 1050 meals per day.

The budget for salaries for the dietary department for one year is estimated at $18,420.00, and for the housekeeping department for a similar time at $17,700. There is an additional allowance for kitchen and dining-room supplies for one year of $1300, and for housekeeping supplies for one year of $8000. The allowance for the purchase of raw food has been set at sixty cents per person per day. Since our numbers will vary so greatly from the opening until the hospital is in full operation, it is not possible to say what the total raw food cost will be, although $59,518.00 has been allowed in the budget. Since it is planned to have but ten private patient rooms in use during the first year, this more expensive food item will affect the per capita raw food cost very slightly. It is also planned to give housing to fifty women employees at an estimated cost of $7902.00 yearly. The budget allowance for all laundry for this year is $12,000. The work is to be done in a commercial laundry of the city.

In the May, 1926, issue of the Modern Hospital is an article telling of the location and arrangement of the different sections of the hospital, showing all floor plans. The entire dietary department, with the exception of the ward kitchens, is on the ground floor. The main kitchens and diet kitchen are in the center of the building on opposite sides of the corridor, while all serving-rooms, dining-rooms, and the dish-washing room are in the east wing of the building along a corridor running at right angles to that on which we find the kitchens.

The kitchen has been built with the thought in mind that other groups will in time be added to the present buildings and the kitchen must then serve for the increased number. Space has been allowed for the addition of equipment when it is needed.

The fixed equipment at the time of opening the hospital will consist of the following:

In the Main Kitchen, Vegetable Preparation and Scullery Rooms

1 6 B special gas range, consisting of four sections, each section with an oven, and over all one 5 B special plate shelf.
1 6 B special broiler, provided with an oven.
1 6 B 7104 jacketed aluminum kettle, capacity 25 gallons.
1 6 B 7106 jacketed aluminum kettle, capacity 40 gallons.
1 6 B special three-section steamer.
2 5 B 5328 sauce pan racks of triple bar pattern.
2 5 B special 5745 hot counters, each 10 inches long—top of 10-gauge monel metal.
1 3-speed mixer with motor.
1 6 B Food chopper with motor, 17-inch bowl.
1 5 B special set of scullery shelving, approximately 15 feet long.
1 6 B vegetable peeler, with motor.

In the Bakery and Ice Cream Room

1 6 B special P.B. 55 union proofing box 74 inches deep, 32 inches wide, 78 inches high.
1 6 B special 21-inch gas furnace.
1 6 B special 10–gallon aluminum pastry kettle.
1 6 B special vertical brine ice cream freezer, 40–quart capacity.

In the Diet Kitchen

1 Two-section gas range, one section 3704 hot top range, one section 3836 open top range, provided with double deck plate shelf, and on the left over open top section one 797 salamander and broiler.
1 6 B special aluminum kettle, 10 gallons.
1 6 B special nickel plated copper tilting kettle, 2–quart.
1 5 B special diet kitchen table 12 feet long, top of 14–gauge monel metal.

In the Garbage Room

1 5 B special garbage trough, 5 feet by 2 feet 6 inches by 6 inches, constructed of 14–gauge galvanized steel.
1 5 B special racking pit, 6 feet by 4 feet by 5 inches, body constructed of 10–gauge steel.

In the Dish Washing Room

1 6 B special semi-automatic dishwasher, capacity 7000 pieces per hour, with motor and 24 additional baskets.
1 5 B special soiled dish table, "U" shaped, 10 feet 6 inches long by 8 feet 6 inches long by 9 feet long by 3 feet wide, top of 14–gauge monel metal.
1 5 B special 3701 clean dish table "U" shaped, 4 feet long by 8 feet 6 inches long by 8 feet long by 2 feet 6 inches wide, top of 14-gauge monel metal.

In the Nurses' and Petty Officers' Serving Room

2 5 B special self-service counters, each 15 feet 6 inches long, 2 feet 6 inches wide, 3 feet high, top constructed of 14-gauge polished monel metal; openings will be provided in top to take steam table and salad pan.
2 5 B special 1610 steam tables, each 5 feet by 2 feet. Water pans constructed of 20-pound cold rolled tin lined copper, provided with brass steam coil, brass water filler, brass waste connection. Top constructed of 20 gauge monel metal, with openings to take 14 inches by 20 inches monel metal meat pan, two 9 inches by 12 inches monel metal entree dishes, and four 8¼ inches vitrified china jars; meat pan, entree dishes and jars provided for table.
2 5 B special 923 salad pans, 36 inches by 25 inches by 9 inches, of 20–gauge polished monel metal, cooled by means of brine coils.
2 6 B 6423 display stands, consisting of one shelf 3 feet by 18 inches by 12 inches.
2 5 B 6446 display stands, consisting of two shelves 6 feet by 18 inches by 22 inches.
2 5 B special water coolers, constructed of 20–gauge polished monel metal.
1 6 B 7003 egg boiler, having a capacity of three buckets.
1 5 B 320 urn battery, consisting of two 8-gallon coffee urns and one 20–gallon hot water urn, vitrified china liners, steam coil for heating, double service.
1 5 B special 5514 urn stand 6 feet by 2 feet 6 inches, top of 20–gauge monel metal, warmer with two removable shelves.

In the Staff or Doctors' Serving Room

1 5 B special self-service counter, constructed as in Nurses' Serving Room.
1 5 B special 1611 steam table, constructed as in Nurses' Serving Room.
1 5 B special 924 salad pan, constructed as in Nurses' Serving Room.
1 5 B special 6423 display stand, constructed as in Nurses' Serving Room.
1 6 B 6447 display stand, constructed as in Nurses' Serving Room.
1 5 B special water cooler, constructed as in Nurses' Serving Room.
1 6 B 7001 egg boiler having capacity of one bucket.
1 5 B 215 urn battery consisting of one 2–gallon coffee urn, one 6–gallon hot water urn, single service, constructed as in Nurses' Serving Room.
1 5 B special urn stand, 4 feet by 2 feet, constructed as in Nurses' Serving Room.

In the Employees' Serving Room

2 5 B special self service counters, 14 feet long by 2 feet 6 inches wide by 3 feet high, constructed as in Nurses' Serving Room.
2 5 B special 1610 steam tables, each 5 feet by 2 feet, constructed as in Nurses' Serving Room.
2 5 B special 923 salad pans, constructed as in Nurses' Serving Room.
2 5 B 6423 display stands, constructed as in Nurses' Serving Room.
2 5 B 6446 display stands, constructed as in Nurses' Serving Room.
2 5 B special water coolers, constructed as in Nurses' Serving Room.
1 5 B 319 urn battery, consisting of two 6–gallon coffee urns, and one 15–gallon hot water urn, double service, constructed as in Nurses' Serving Room.
1 5 B special 5513 urn stand 5 feet 2 inches by 2 feet 6 inches, constructed as in Nurses' Serving Room.

The cost of the fixed equipment in kitchens, bakery, dish washing room and garbage room approximates $7,389.00. The cost of the large oven for the bakery has not been included in this amount as that will not be installed at present. The cost of the fixed equipment in the serving rooms approximates $4979.00.

The movable equipment at the time of opening the hospital will consist of the following:

In the Main Kitchen, Vegetable Preparation and Scullery Rooms

2 5 B special work tables, each 8 feet long by 2 feet 6 inches wide by 2 feet 10 inches, high, top to be constructed of 10 gauge monel metal, each table provided with one drawer 24 inches by 24 inches.
1 5 B special work table, 10 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, to be constructed as two above.
1 5 B special work table, 6 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, to be constructed as those above.
1 5 B special table, 10 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be constructed of 3-inch thick sectional maple.
1 Bread slicer—18-inch loaf.
1 6 B special meat slicer, hand driven.
1 Special can opener.
1 5 B special scullery table, 8 feet long by 3 feet 6 inches wide by 2 feet 10 inches high, 6 inches deep, top constructed of 14–gauge polished stainless steel.

In Dairy Room and Butcher Shop

1 5 B special 3863 work table 7 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be constructed of 10–gauge monel metal, with one drawer 24 inches by 24 inches.

1 5 B special 3850 work table 4 feet long by 2 feet wide by 2 feet 10 inches high, to be constructed as one above.

1 Automatic butter cutter.

1 Butcher's block, 24 inches by 30 inches, made from selected kiln dried Michigan hard maple.

1 5 B special 3860 butcher's bench, 4 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, to be constructed of 3-inch sectional maple, with one drawer 24 inches by 24 inches.

1 5 B special fish table, 4 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be of 1¼-inch thick pink Tennessee marble.

In Bakery and Ice Cream Room

1 5 B special landing table, 6 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be constructed of 10–gauge polished steel.

1 6 B 4218 pan rack, measuring 38 inches by 22¼ inches, having a capacity of 40 pans.

1 5 B special baker's table, 6 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be constructed of 3-inch thick sectional maple, with 6 inches high by ⅞-inches wide maple raised edge on back and two ends.

1 5 B special table, 8 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be of 1¼-inch thick pink Tennessee marble.

1 6 B special table, 3 feet 6 inches long by 2 feet 6 inches wide by 2 feet 10 inches high, top to be constructed of 3-inch thick sectional maple.

1 5 B special 5745 bread storage cabinet, 8 feet long by 18 inches wide by 6 feet high, to be constructed of 20-gauge galvanized sheet steel, to be provided with five shelves.

1 5 B special table, 8 feet long by 2 feet wide by 2 feet 10 inches high, top to be constructed of 10–gauge stainless steel.

In Diet Kitchen

2 6 B special cabinets, each 8 feet long by 2 feet 6 inches wide by 2 feet 10 inches high, base to be constructed of 5–ply flush paneled oak, to be provided with four 20-inch wide drawers, and balance of space to be provided with two shelves. Top of cabinet to be constructed of ⅞-inch thick white wood, veneered with 24–gauge monel metal.

1 6 B special cabinet, 5 feet 6 inches long by 2 feet wide by 7 feet high overall. Base section to be 2 feet 10 inches high and constructed as two cabinets above. Upper section to be 3 feet 2 inches high, provided with three oak finished removable shelves, and enclosed with double strength glass paneled doors.

1 6 B special mixonette, with motor and equipment.

In Nurses' and Petty Officers' Serving Rooms

1 Toaster, electric automatic, capacity 12 slices.

1 Silver box.

2 1 B special 2192 trucks with tray stacker attachment.

In Employees' Serving Room

1 5 B special hot plate and toaster, to be 24 inches by 24 inches by 36 inches high.

1 Silver box.

1 1 B special 2192 truck with tray stacker attachment.

In Nurses' and Small Private Dining Rooms

1	Special corner cabinet.
150	Chairs.
1	Welsh dresser.
7	Servers.
5	Servers, enclosed bottom.
12	Tables, 3 feet by 3 feet.
13	Tables, 3 feet by 6 feet 6 inches.
2	Tables, 54 inches in diameter.

This furniture is oak finish.

In Employees' Dining Room

11	Tables
64	Chairs
1	Server

The Petty Officers', Doctors' and one of the Employees' Dining Rooms will not be opened in the beginning; thus movable equipment for these rooms has not been ordered.

The cost of the movable equipment in kitchens, bakery, dairy room and butcher ship is about $2,858.00, and in serving rooms and dining rooms which are to be opened during the first year about $3,399.00.

All refrigerators, which are monel metal lined, and all sinks, which also are of monel metal, are absent from the list of equipment as I have given it, since they are included in the construction contract.

The cost of kitchen utensils for main kitchen, diet kitchen, bakery, dairy room, butcher shop and serving rooms approximates $1,898.00.

The glass ware for the dining rooms will cost about $105.00. The china which has been selected for use in the dining rooms is valued at about $661.00. The approximate value of both flat silver and hollow ware for the dining-rooms is $784.00, and of the linens for the same is $500.00.

In totaling the amounts allowed in the budget for the Dietary Department—equipment, fixed and movable; utensils; china; glass; silver; linen; salaries; raw food; miscellaneous supplies— the figure reached is $101,811.00. It must be remembered that these figures are approximate and not actual.

ADJUSTING THE DIET TO THE PATIENT WITH PERNICIOUS ANEMIA

THELMA TUBBS, B.S., AND ELIZABETH BELLINGER, B.S.

*Boston, Mass.**

The treatment of pernicious anemia as instituted in the past year by Drs. George R. Minot and William P. Murphy (1) has necessitated a demand for a simplified form of the diet to be used as a reference by physicians and dietitians.

The Standard Special Anemia Diet (2) containing approximately: Protein, 135 grams; fat, 70 grams; carbohydrate, 340 grams, and calories, 2500, as used at the Peter Bent Brigham Hospital and followed by patients after they are discharged consists of:

1. At least 160 to 240 grams ($\frac{1}{3}$ to $\frac{1}{2}$ pound) cooked weight, of calves' or beef liver daily. Since liver loses approximately half of its weight when cooked, the patient should count on buying 320 to 480 grams ($\frac{2}{3}$ to 1 pound) of liver each day. Kidneys and chicken livers occasionally may be substituted for the calves' or beef liver.

2. Fresh fruit 10 per cent carbohydrate,[1] about 400 grams (4 average servings). Cooked prunes, cooked apricots and cooked apple once a week only. Raisins may be eaten freely if desired.

3. Vegetables approximately 3 and 6 per cent carbohydrate,[2] at least 500 grams (approximately 3 full saucers).

4. At least 120 grams ($\frac{1}{4}$ pound) red muscle meat cooked rare (beef, mutton or lamb).

Clear soups with fat removed or vegetable soup may be taken.

5. Starchy foods as cereals,[3] bread (whole wheat or graham) toasted, potatoes and simple desserts used according to individual taste to make a well-rounded diet. Sugar restricted to three level teaspoons a day.

* Peter Bent Brigham Hospital.

[1] Fresh fruit approximately 10 per cent carbohydrate: Strawberries, peaches, apricots, oranges, grapefruit, pineapple, lemons, cranberries, blackberries.

[2] Three per cent vegetables: Cucumber, asparagus, rhubarb, endive, sauerkraut, beet greens, dandelions, swiss chard, celery, mushrooms, tomatoes, Brussels sprouts, water cress, okra, cauliflower, egg plant, cabbage, radishes, leeks, string beans (canned) artichokes (French), spinach.

Six per cent vegetables: String beans, pumpkin, turnip, kohl-rabi, squash, beets, carrots, onions, green peas.

[3] Shredded Wheat, Corn Flakes, Oatmeal, Pettijohns, Wheatena.

6. Milk not to exceed 240 cc. (1 full household measuring cup) and heavy cream 40 per cent fat, 30 cc. (2 level tablespoons).
7. Avoid excess of salt and condiments.
Tea or coffee as desired.

The patient when first starting the diet, as a rule, does not take it in its entirety and not infrequently, is able to take little food of any sort. As calves' liver is the important food to administer at once, this must be given in small repeated doses, either as a soup or in the form of raw liver pulp, with fruit juice. As the patient's condition improves, other foods may be added so that a diet such as is indicated in Diet No. I may be taken.

Sample Diet I (diet started with cooked liver)

Morning:	*Grams*	*Amount given—measure*
Orange	100	1
Cornflakes	12	1 saucer
Steak, lean	120	1 large serving (4 oz.)
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Whole milk	180	¾ household measuring cup
Cream 40 per cent (heavy)	30	2 tablespoons
Coffee or tea (as desired)		
Noon:		
Broiled liver[4]	90	1 medium serving (3 oz.)
Baked potato	120	1
Tomatoes	150	1 large saucer
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Rice and raisin pudding		1 serving
Whole milk	60	¼ household measuring cup
Coffee or tea (as desired)		
Night:		
Broiled liver	90	1 medium serving (3 oz.)
Beef broth	200	1 teacup
Rice (cooked weight)	50	2 level tablespoons
or		
Riced potato	120	1 medium serving
String beans	150	1 large saucer
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Grapefruit	100	½
Whole milk	60	¼ household measuring cup
Tea or coffee (as desired)		

[4] Broiled liver is quoted on the diet because it is the form most commonly liked by patients who are taking cooked liver.

Diet I contains approximately: Protein, 115 grams; fat, 70 grams; carbohydrate, 225 grams; calories 1990. Usually within a week of the time that this diet is started, the patient's appetite increases and more food can be given. The vegetables and bread are increased in Diet II.

Sample Diet II (full diet with cooked liver)

	Grams	*Amount given—measure*
Morning:		
Orange	100	1
Shredded wheat	30	1 biscuit
Steak—lean	120	1 large serving (4 oz.)
Whole wheat toast	60	2 slices
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Cream 40 per cent (heavy)	30	2 tablespoons
Whole milk	180	¾ household measuring cup
Coffee or tea (as desired)		
oon:		
Broiled liver	90–120	3–4 oz.
Baked potato	120	1
Lettuce, Cucumber, Mineral oil mayonnaise[5]	50	8 thin slices
Carrots and peas	150	1 large saucer
Whole wheat toast	60	2 slices
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Plain Blancmange with fruit		1 serving
Milk	60	¼ household measuring cup
Coffee or tea (as desired)		
Night:		
Clear meat broth with fat removed	200	1 teacup
Broiled liver	90–120	3–4 oz.
Spaghetti	100	1 large saucer
Tomatoes	150	
Cauliflower	150	1 large saucer
Celery hearts	50	2 hearts
Whole wheat toast	60	2 slices
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Grapefruit	100	½
Coffee or tea (as desired)		

Diet II contains approximately: Protein, 135 grams; fat, 70 grams; carbohydrate, 280 grams; calories, 2500.

[5] Mineral oil mayonnaise:

Egg yolk	1	Salt	to taste
Mineral oil	480 cc.	Pepper	to taste
Vinegar	to taste	Mustard	to taste

Beat egg yolk until stiff. Beat in 1 teaspoon vinegar. Add oil drop by drop beating constantly. Add vinegar to thin to desired consistency. Add seasoning.

Oftentimes the physician desires the patient to take raw liver pulp[6] rather than the cooked liver. In this case, the liver drink is given between meals and taken as medicine rather than food. A low diet is given at first.

Sample Diet III (diet started with liver pulp)

	Grams	*Amount given—measure*
Morning:		
Strawberries	100	10
Cornflakes	12	1 saucerful
Egg	30–50	1
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Cream 40 per cent (heavy)	30	2 level tablespoons
Milk	180	¾ household measuring cup
Coffee or tea (as desired)		
10 a.m.:		
Liver pulp[6]	60	(from 90 grams raw liver) 3 oz.
Water	60	¼ household measuring cup
Orange juice	100	Juice of 2 oranges
Noon:		
Tenderloin—lean	90	1 medium serving (3 oz.)
Baked potato	120	1 large
Lettuce, Tomatoes, Mineral oil mayonnaise	100	1 medium saucer
Celery hearts	50	2 hearts
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Tapioca cream		1 serving
Milk	60	¼ household serving cup
Coffee or tea (as desired)		
3 p.m.:		
Liver pulp	60	From 90 grams raw liver (3 oz.)
Water	60	¼ household measuring cup
Orange juice	100	Juice 2 oranges
Night:		
Chop, lean (mutton or lamb) cooked weight	60	1 small
Rice	120	1 medium saucer
Butter	5	1 level teaspoon
Spinach	150	1 large saucer
Whole wheat toast	30	1 slice
Butter	5	1 level teaspoon
Sugar	5	1 level teaspoon
Grapefruit	100	½

[6] Put raw liver through vegetable grinder or meat grinder several times, using the finest attachment. Add enough cold water to pulp to make it the consistency of heavy cream and strain, using a coarse sieve or potato ricer. Beat with egg beater before taking. One tablespoon lemon juice may be added before drinking, and orange juice may be taken after it. There is a loss of about one-quarter in weight in preparing the liver pulp. Example—90 grams of liver pulp will result from 120 grams raw calves' liver.

Diet III contains approximately: Protein, 105 grams; fat, 75 grams; carbohydrate, 235 grams; calories, 2035.

After Diet III is started, the liver pulp is increased about 20 grams each day at 10 a.m. and 3 p.m. until the patient is taking at least 90 grams twice a day or 180 grams per day, the amount from 240 grams or ½ pound of liver.

Sample Diet IV (full diet with raw liver)

Morning:	*Grams*	*Amount given—measure*
Grapefruit	100	½
Cornflakes	12	1 cereal dish
Egg	30–50	1
Whole wheat toast	60	2 slices
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Cream 40 per cent (heavy)	15	1 level tablespoon
Milk	180	¾ household serving cup
Coffee or tea (as desired)		
10 a.m.:		
Liver pulp	90	from 120 grams liver (4 oz.)
Water	90	⅜ household measuring cup
Orange juice	100	Juice of 2 oranges
Noon:		
Lean roast beef (cooked weight)	120	1 large serving (4 oz.)
Baked potato	120	1 large
Spinach	150	1 large saucer
Sliced beets	100	1 medium saucer
Celery hearts	50	2 hearts
Whole wheat toast	60	2 slices
Butter	5	1 level teaspoon
Sugar	5	1 level teaspoon
Lemon jelly		1 serving
Cream 40 per cent whipped	15	1 tablespoon
3 p.m.:		
Liver pulp	90	from 120 grams liver 4 oz.
Water	90	⅜ household measuring cup
Orange juice	100	Juice 2 oranges
Night:		
Chop, lean (mutton or lamb) cooked weight	60	1 small
Escalloped potato sliced	120	1 large potato
Milk	60	¼ household measuring cup
Butter	5	1 level teaspoon
Carrots	150	1 large saucer
String beans	150	1 large saucer
Whole wheat toast	60	2 slices
Butter	5	1 level teaspoon
Sugar	5	1 level teaspoon
Prune pudding		1 serving
Coffee or tea (as desired)		

Diet IV contains approximately: Protein, 140 grams; fat, 75 grams; carbohydrate, 320 grams; calories, 2515. When it is exceedingly difficult for the patient to take liver in any appreciable amount, it will be necessary to rearrange the diet to meet this difficulty. Diet V is a diet of this type written for a patient with a particularly capricious appetite.

Sample Diet V

	Grams	*Amount given—measure*
Morning:		
Orange juice	90	Juice 2 medium oranges
Oatmeal (cooked weight) (if desired)	100	1 medium serving
Egg	30–50	1
Whole wheat toast	30	1 slice
Butter	5	1 level teaspoon
Sugar	5	1 level teaspoon
Cream 40 per cent (heavy)	15	1 level tablespoon
Milk	180	¾ household measuring cup
Coffee or tea (as desired)		
10 a.m.:		
Liver pulp	60	from 90 grams raw liver 3 oz.
Water	60	¼ household measuring cup
Lemon juice (added just before taking)	20	1 tablespoon and 1 teaspoon
Orange juice	100	Juice 2 oranges
Noon:		
Beef broth (with fat removed)	200	1 teacup
Green pepper stuffed with Sieved liver[7]	60	1 2 oz.
Baked potato	90	1 small
Carrots and peas	100	1 medium saucer
Whole wheat toast	30	1 slice
Butter	10	2 level teaspoons
Sugar	5	1 level teaspoon
Junket		1 serving
Coffee or tea (as desired)		
3 p.m.:		
Beef juice	90	⅜ household measuring cup
Night:		
Tomato broth	200	1 teacup
Sieved liver[8]	60	¼ household measuring cup
Chop, lean (mutton or lamb)	60	1
(Escalloped) Potatoes (sliced)	90	1 small

[7] Liver stuffed in green peppers or tomatoes: Stuff sieved or finely chopped liver (cooked) which has been moistened with tomato juice or broth, in the tomato or green pepper and bake. Onion may be added to the chopped liver for flavor. One pepper or tomato will hold 60 grams of liver. The sieved or finely chopped liver may be mixed with mashed potato and served as stuffed baked potato or as liver loaf, either with or without an equal amount of hamburg.

[8] Scraped or sieved liver: Dash liver in hot water and remove the skin. Broil the liver 5 to 10 minutes (until cooked through) and scrape through sieve.

Milk	60	¼ household measuring cup
Bread crumbs		
Butter	5	1 level teaspoon
Spinach	100	1 medium saucer
Celery hearts	50	2 hearts
Whole wheat toast	30	1 slice
Butter	5	1 level teaspoon
Sugar	5	1 level teaspoon
Coffee gelatin		1 serving
Cream 40 per cent whipped	15	1 level tablespoon
Coffee or tea (as desired)		
Bed time:		
Iced orange juice	120	½ household measuring cup
or		
Broth (fat removed)	200	1 teacup
Whole wheat toast	30	1 slice
Butter	5	1 level teaspoon

Diet V contains approximately: Protein, 110 grams; fat, 70 grams; carbohydrate, 245 grams; calories, 2050.

The patient on the Special Anemia diet in the hospital should be given as nearly as possible the close attention in regard to his food as he would receive in his own home. At the Peter Bent Brigham Hospital, the patient is seen by the dietitian on the day the diet is started, so that it will be possible to cater to the likes and dislikes of the various foods within the limits of the diet. The patient is admonished to take the liver, whether or not he eats anything else on the tray. It is not necessary or advisable to force food other than liver at first. Usually the appetite increases of its own accord. He is taught that fruit and vegetables should be given second consideration and muscle meat (beef, mutton or lamb) third. Bread, potatoes and simple desserts are to be used merely to appease the appetite.

The physician generally indicates the form of liver to be given, whether cooked or raw. In either case, the amount of liver refused is always charted by the nurse on the ward and the amount kept on file in the dietitian's office for reference by the physician. In some cases where the problem of feeding is particularly difficult, the entire food refused is charted. Only in this way can the physician be assured that the patient is actually taking the diet as prescribed.

REFERENCES

(1) Minot, George R., and Murphy, William P.: Treatment of pernicious anemia by a special diet. Jour. Amer. Med. Assoc., 87: 470, (August 14) 1926.

(2) Murphy, Wm. P., and Minot, G. R.: A special diet for patients with pernicious anemia. Boston Med. and Surg. Jour., 195: 410, (August 26) 1926.

THE OPERATION OF A HOTEL FOOD DEPARTMENT

ARNOLD SHIRCLIFFE

Manager Catering Department, Edgewater Beach Hotel, Chicago, Illinois

The Edgewater Beach Hotel has twenty dining rooms with a total seating capacity of 6500. Between 500 and 600 employees are required by the Catering Department during the summer season. The method of operation of the Department is outlined in this paper.

RECEIVING ROOM

Food purchases are made by the buyer each morning and recorded in an order book in duplicate, giving the quality, quantity and prices. A copy is then placed in storeroom and as the goods are received, they are checked with this order and if any changes are to be made, a notation is made on this order. The bill is then attached to order blank, checked and entered in the *Storeroom Receiving Ledger*. A price record is entered on cards and sent to the Auditor's office.

The storeroom man, upon receiving merchandise, examines all items as to size, weight, quality, etc., and anything not measuring up to qualifications is returned.

ISSUES

All issues are made direct from storeroom and only upon receipt of requisition signed by department heads, giving quantity desired. There are three (3) types of requisitions used. All are made in duplicate and numbered to prevent any from being lost.

A *white* requisition is used for all groceries and provisions drawn from storeroom.

A pink requisition marked "Meat Transfer" is used for all meat issues from the butcher shop.

A *yellow* requisition marked "Transfer" is used for all prepared foods issued between departments.

METHOD OF RECORDING DAILY ISSUES

At the end of the day these requisitions are collected from various departments and posted on sheets provided for them.

White requisitions are posted on Departmental Sheets under various sub-heads.

Main Kitchen	*Grill Kitchen*	*Miscellaneous Departments*
Groceries	Same as Main Kitchen	Helps Hall
Vegetables		Fountain
Potatoes		Cigar Stand
Pantry		Etc.
Pastry and Bake Shop		
Coffee		
Etc.		

These are then extended and priced, which gives us the direct *Storeroom Provision Issues* for the day.

Pink requisitions are posted on *Meat Sheet* which is divided into several departments such as Oysters, Fish, Rib Beef, Loin, Broilers, etc., and as to number and weight. Inventory is taken of meats on hand in kitchen boxes at finish of day's business and credited. The balance is extended and priced, which gives the actual *Meat Consumption for the day.*

Yellow requisitions are posted to *Transfer Sheets* under the above subheads. The various departments are charged or credited on the *Departmental Sheets* which gives us the total issues for the day in detail.

SALES

At the close of the day, Dining Room checks are audited and posted to *"Distribution of Sales" sheet* under various sub-heads.

Club Meals, Sandwiches and combinations are split up under proper departments. This sheet gives us the actual sales on each individual item for the day.

Having the net sale and issue on hand, it is a simple matter to determine cost per dollar sale each day. From previous records and from knowledge of food costs, a certain standard is established for each item. This trend is watched from day to day and all items showing out of line are immediately checked up and remedied. The sales sheet also enables us to check on individual losses and give us a knowledge of the best and most profitable sellers. Should any one item show an unusually heavy loss, a follow-up from receiving point to manufactured end would be instituted to locate loss. If ratio between buying cost and selling price is right, the loss may be in the split-up, theft in the manufacturing, or in the storage. However, the cause is located and remedied.

FOOD COSTS

In making the foregoing transaction and in order to establish a standard of par, it is necessary to know the individual cost of foods in all conditions, as raw, trimmed, cooked and prepared.

This is determined by making tests from time to time (see examples of food tests). Take, for example, the cost is required on Sirloin Steaks. An average lot of twelve loins are weighed in butcher shop and examined as to quality, cut, etc. The loins are then cut into the various portions and a record is kept of the different weights and costs at each operation. It is necessary to make tests at different times during the year, as the quality and conditions change which result in more or less trimming.

Test on short loins

Date: March 1927. Purchased from ————————
Weight: Avg. 37.5 lbs. Quality: No. 1
No. Cut

900½ lbs. Short Loins	@	$0.47		$423.24
Produced:				
303 lbs. Sirloin Strip	@	$1.01¼	$396.79	
588 8 oz. Minute Steak	@	0.51½		
4 lbs. 14 oz. Sirloin Steak	@	0.89.6		
69¾ lbs. Beef Tenderloin	@	1.26	87.89	
155–6 ox. Filet Mignon	@	0.56½		
195¾ lbs. Flank	@	0.22	23.27	
38 lbs. Trimmings (Goulash)	@	0.15	5.70	
				$423.65
247¼ lbs. grease, 136¾ lbs. Bones } Velvet				
900½ lbs.				
Receipts:				
588 Minute Dinner Steaks	@	$1.10	$646.80	
4 Sirloin (1)	@	1.75	7.00	
155 Filet Mignon	@	1.25	193.75	
Total Sales				$847.55
Total Cost				423.24
Gross Profits				$424.31

Or: 49.94 per cent Gross Profit on Sales
50.06 per cent Cost of $1.00 Sale

The tenderloin, butt, flank and other cuts are priced according to their market value and to whatever value they may be to the house. Bones grease and trimmings are not given any direct value.

Catering Department Heads are kept in close touch with the trend of their department operation by receiving a daily report of all food costs, shortages, etc. Pantry, bake shop, and fountain, are accountable for a a certain percentage. This method gives us a quick analysis of each sub-department.

PAYROLL

In addition to recording the daily cost on food, a record is kept daily of the number of employees in each department and the amounts paid out each day. All department heads are required daily to fill out a form showing the number of employees working and being paid; also, the over and extra time paid with reason for this. These are checked by the timekeeper. With this daily record, the department heads are continually on their toes and anxious to improve their showing. The trend is watched from week to week and month to month, and compared with the receipts. This enables us to maintain an efficient force at all times and our labor cost at par.

A report on today's business is sent to the Catering Manager's Office by 3 p.m. the following day, and in time to go into the losses or failures with the heads of the various sub-departments before they go off duty. With these reports we are able to hold our costs where they belong. If we find that our general costs are running consistently lower, we reduce our menu prices and give the guests the benefit of the drop in market prices.

EQUIPMENT RECORDS

An inventory is taken each month on catering equipment, china, silver, linen and glassware and a complete record of each item posted on a card recording breakage, loss ratio to sales, total number of pieces broken or lost and amount, for today, to-date and the past year. This enables us to check up on our dish-washing department, helps us to keep our purchases down to a minimum and proves the quality of the merchandise purchased.

The above costs, food, labor and equipment, enable us to control the greater part of the Catering Department. Further miscellaneous records are kept monthly of such items as laundry, gas, maintenance, etc.

EMPLOYEES LINEN

Every employee entering the service is supplied with a brass disc. This disc entitles the employee to trousers, jacket and towel, or apron and towel, when presented at the linen room. When the linen is returned at night to the soiled linen room, the brass disc is returned to the employee

for his next day's linen. This system brings all the soiled linen into the room in which it belongs and reduces losses to a minimum.

The Food Control Department is handled by a Food Controller, his assistant and one girl who audits checks. The cost of this control is less than 0.5 per cent of our gross revenue.

January 1, 1927

	ISSUES	SALES	PER CENT	PAR AVERAGE DAILY BUSINESS
Oysters and Clams	10.37	27.15	38.2	38.0
Fish	20.23	49.70	50.7	50.0
Shellfish	5.75	16.85	34.1	34.0
Lobster	8.37	18.25	45.9	45.0
M. F. Broilers	89.42	194.20	46.5	45.0
Poultry and Game	83.88	179.90	46.6	46.0
Shortloins	102.49	204.90	50.2	49.0
Rib Beef	7.45	14.65	50.9	48.0
Beef, Miscellaneous	10.24	28.55	35.9	35.0
Lamb and Mutton	27.67	75.20	36.8	36.0
Veal	14.25	29.00	49.1	48.0
Hams and Bacon	14.89	33.70	44.2	42.0
Pork, Miscellaneous	3.93	9.80	40.1	40.0
Potatoes	14.40	74.60	19.3	19.0
Vegetables and Produce	123.56	305.10	40.5	40.0
Kitchen	536.90	1,261.55	42.6	41.0
Pantry	103.26	403.35	25.6	25.0
Coffee	17.00	94.40	18.0	17.0
Cream	32.13	76.70	41.9	38.0
Eggs	3.58	9.50	37.7	37.0
Butter D. R.	31.32	60.10	52.1	50.0
Pantry	187.29	644.05	29.1	28.0
Pastry and Bake Shop	56.69	217.20	26.1	26.0
D. R. Condiments	8.20			
Service charge		45.00		
Main Kitchen	789.08	2,167.80	36.4	35.5
Grill	447.4	901.50	49.6	49.0
Total Food	1,236.22	3,069.30	40.2	
Main Fountain	27.87	154.00	18.1	17
Ice		6.90		
Grill Fountain	2.16	7.95	27.2	27
Total Catering	1,266.25	3,238.15	39.1	38.0

EMOTIONS AND DIGESTIVE FUNCTIONS[1]

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Ever since the practice of medicine became a separate profession, the attention of physicians has been directed to the functions of the digestive tract. Most illnesses have been accompanied by disorders of digestive functions and treatment has included changes in diet and various aids in the elimination of waste products.

In ancient times more attention was paid to the relation of emotional disturbances to digestive functions. Certain organs of the body were believed to be the seat of emotions. The ancient Hebrews believed that the kidneys contained the mind and that the tender emotions were located in the bowels. It was commonly believed also that the spleen was the source of anger. Over two thousand years ago Hippocrates, commonly called "the father of medicine," taught that those disorders characterized by feelings of depression were due to excess of "black bile" in the body. From this belief arose the term "melancholia," which means "black bile."

The emotional accompaniments of digestive processes are of such frequent occurrence that mere mention of them should suffice. It is well known that digestion is aided by pleasant anticipation of meal time, by freedom from anxiety and unpleasant controversy while eating, and by a period of repose during at least the early part of digestion. It has been commonly observed that sudden news of serious illness or death of a relative or close friend will produce digestive disturbances. Likewise digestive disorders are prone to cause many emotional changes such as irritability, downheartedness, and apprehension.

In recent years more attention has been directed to digestive processes by both physicians and dietitians. This increased interest has been confined largely to purely physical illnesses and consideration of the relationship of emotions has been seriously neglected. This neglect or lack of understanding has contributed to ineffective medical and dietetic treatment and at times even to serious and unnecessary surgical operations.

[1] Presented to New York Association of Dietitians, December 6, 1926.

In the hope that treatment might be made more effective and that digestive functions might be better understood, I undertook a few years ago to determine more definitely the relation of emotions to digestive processes. I had unusual opportunity to make this kind of a study in a hospital for the treatment of nervous and mental disorders. Patients with these disorders not only have intense emotional disturbances but also suffer from digestive disturbances in exaggerated form.

After some experimentation it was decided that this study could best be made by giving the patient a meal composed largely of barium sul-

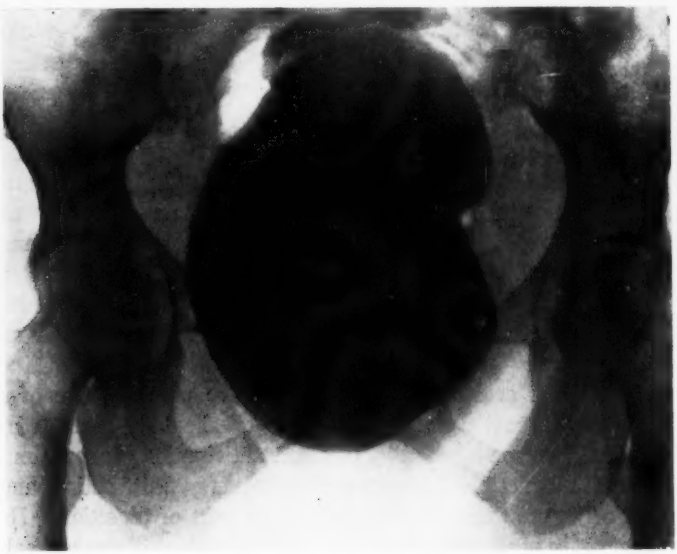

Fig. 1. Retention of bariumized food in the pelvic colon for twelve days in a patient suffering with intense feelings of depression

phate and making x-ray photographs of the stomach and intestines on the six succeeding days. Barium sulphate is a substance which interferes with the passage of x-ray and therefore casts a shadow upon the x-ray film. In this way the digestive tract is easily differentiated from other organs in the body.

Observations have now been made upon about four hundred patients suffering from all kinds and degrees of emotional disorders. Special attention was paid to the position, tone and motility of the stomach and intestines. It was soon noticed that certain digestive conditions were

peculiar to different kinds of emotional disorders. The patients were accordingly divided into groups showing similar types of emotional reactions so that a comparison might be made of digestive functions

Fig. 2. Retention of bariumized food in entire colon for seven days in a patient suffering with intense, conflicting emotions, and misinterpretations of hearing

among these different groups. To determine a normal standard for further comparison, observations were made on a group of individuals who were free from nervous and mental illnesses and from emotional disturbances.

Much tedious detail is avoided in the following summarized observations. Patients who feel unusually well, who are exhilarated and show an excess of energy, seldom have any digestive disturbances and their digestion and elimination of waste products is more effective and rapid than the normal. Patients who are downhearted, lacking in energy, who are slow in action and find it difficult to attend to ordinary daily tasks, are prone to have digestive disturbances. They commonly suffer from a loss of appetite, feeling of fullness in the abdomen, and from constipation. They show a loss of tone in the muscles of the digestive tract and a marked sluggishness in the digestive processes. Patients who are apprehensive and anxious, and who at times get into a panic because of fear of some vague, impending calamity, may be troubled with diarrhoea or constipation and show a tendency toward a spastic condition especially in the large intestine. Patients inclined to drift into fancy and whose emotional struggles lead to misinterpretations of sight and hearing, or of the motives of others, often have marked digestive disturbances and show greatest sluggishness in the processes of digestions and elimination. In some cases this sluggishness is so marked that bariumized food is retained in the pelvic colon for over two weeks.

For many years the position of the stomach and intestines, i.e. the amount of ptosis or displacement downward of these organs, has been seriously considered. It is now well understood that the action of the digestive musculature, or the rate at which food and waste matter is propelled, is much more important than the mere position of the organs. In this study the changes in motility accompanying certain emotional disturbances were much more marked than the changes in position of the organs.

Additional evidence of the relation of emotional disorders to digestive functions was obtained through repeating the observations on the same individuals after their emotional reactions had changed. It was observed that digestive processes changed as the emotional condition changed and that when the emotional state became normal the digestive functions also became normal.

This study permits the following general conclusions:

1. There is an intimate relationship between emotional disorders and digestive functions.

2. Persons who feel unusually well, are exhilarated, and have an excess of energy, seldom have digestive disturbances and their digestive functions are more rapid and more effective than normal.

3. Persons who feel unhappy, lack energy, and have difficulty in at-

tending to ordinary daily tasks, frequently have digestive disturbances and show marked sluggishness in digestive functions.

4. The more intense the emotional disturbance or conflict, the more the digestive processes are disordered.

5. Persons who are intensely depressed or perplexed, may retain food residue in the body for over two weeks.

REFERENCES

(1) CARMEN, RUSSELL D.: The Roentgen Diagnosis of Diseases of the Alimentary Canal. 2nd ed., Philadelphia, 1921.

(2) HENRY, G. W.: Some roentgenologic observations of gastro-intestinal conditions associated with mental disorders. Amer. Jour. Psy., vol. 3, no. 4, April, 1924.

(3) HENRY, G. W.: Gastro-intestinal motor functions in schizophrenia. Amer. Jour. Psy., vol. 6, no. 5, July, 1927.

(4) CANNON, W. B.: Bodily Changes in Pain, Hunger, Fear, and Rage. New York and London, 1915.

CIVIL SERVICE AND THE DIETITIAN[1]

BENJAMIN R. ANDREWS AND ALICE B. LEET

For many years civil service reform has urged that persons appointed to government service should be chosen for merit measured in competitive examination rather than as a reward for party service to the dominant political organization. Many public positions have therefore been put "under the civil service," that is, qualifications have been prescribed and the choice of appointees made by a government bureau or agency usually called a civil service commission. The professional requirements for the position of dietitian are evidently becoming more definite, wherever they may be employed, and since a considerable number of dietitians are in institutions under municipal, state or federal government, it seemed significant in the development of professional standards to inquire what requirements for appointment have been set by the various civil service commissions. Inquiry was therefore addressed to the Civil Service Commission of the United States, and to State and City Commissions, wherever existing, in the forty-eight states and in the eighteen cities of over 400,000 population. In addition to the Federal Commission, replies were had from eight state commissions and thirteen city commissions or other city officials. It should be observed that the inquiry does not cover professional conditions of employment in public institutions generally, but only those conditions as stated by civil service commissions.

The United States Civil Service Commission examines for dietitians in the public health service with a salary of $1800 a year rising to $2600 a year (or $1020 rising to $1800 a year when quarters, subsistence and laundry are provided), also for "staff dietitians" in the Veterans Bureau with a salary from $1680 to $2040 per year. In the Veterans Bureau there are also higher grades of "head dietitian," $1860 to $2400 a year, "assistant chief dietitian," $1860 to $2400 a year, and "chief dietitian," $2100 to $2700 a year. The requirements, in effect those for the staff dietitians, are:

1. Applicants must have been graduated from a course of at least two years in home economics in a recognized college, such course to have

[1] From the Household Economics Laboratory, Teachers College, Columbia University.

included at least one year in chemistry, one year in biological science (including physiology and bacteriology), and one year in food preparation; also courses in mass cooking, in nutrition, and in dietetics. In addition, applicants must have had at least three months of graduate experience as student dietitian in a hospital or other institution for the care of the sick of not less than forty beds.

2. Rarely calls are received to fill a position above the grade of staff dietitian; in making certification those eligible will be certified who show: for chief dietitian, not less than three years of supervisory experience in dietetic work, and for head dietitian or assistant dietitian, not less than two years' experience in dietetic work.

3. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience, on a scale of 100, such ratings being based upon competitor's sworn statements in their applications and upon corroborative evidence. Both men and women may enter the examination, but appointing officers may specify the sex desired for a given position; women usually being employed in Public Health Service. Applicants must not be over 50 years of age, (except for those given preference for military service).

4. The duties of staff dietitians will be (1) to purchase the food supplies for all messes operated in the hospital; (2) to plan all menus, both for patients on ordinary diets and diets with reference to special diseases; and (3) the supervision of the preparation and serving of all dietaries in the hospital, both to patients and personnel.

Eight state civil service commissions, those of California, Illinois, Maryland, Massachusetts, New Jersey, New York, Ohio and Wisconsin gave replies to the inquiry, (in addition, twenty other states gave information but had no commission) and of these eight, Ohio and Massachusetts reported no requirements formulated for the position of dietitian. A summary of the information from the other six states is as follows:

Five state commissions require graduation from a school of recognized standing; three require administrative ability; one, ability to teach; six, sound physical condition; two, tact; two, good judgment; one requires courses in quantity cooking, two require courses in dietetics and two, courses in nutrition. The amount of required experience varies: one state requires six months; another, one year; two require three years; one asks for successful experience. In the statement of duties, dietitians are expected by six state commissions to plan suitable menus for all types of patients and employees; five mention ordering of food and supervision of its preparation and service; four specify instruction of nurses and

related work; and three, instruction of student dietitians. The salary range in four cases was from a minimum of $1200 to a maximum respectively of $1440, $1680, $1800, and $2100; other ranges were $1800 -$2100, $1380–$1980, and $1400–$1800.

Particularly significant was the Illinois commission's standards for the position of Supervisor of Dietetics (in addition to its schedule for Dietitian, $1200–$1440) with requirements as follows: (*a*) graduation from a licensed school of home economics including courses in institutional cookery and management; (*b*) three years' experience in institutions of 250 or more inmates, (*c*) administrative ability, and (*d*) a minimum age of 30. This Supervisor has as her duties: To supervise and instruct dietitians; to inspect and suggest improvements in subsistence departments; to act as general advisor to Director of Public Welfare on all matters pertaining to food. The position has a salary allowance of $3000 to $4000 and maintenance.

The Wisconsin Civil Service Commission, in addition to its standards for the dietitian ($1380–$1980), has issued specifications for "chief assistant director of dormitories and commons" ($2400, with advancement to the full "director's "grade, $2700); also for "Cafeteria Manager" ($1800–$2220).

The State Civil Service Commissions may conduct examinations for other than state institutions. Thus the New Jersey Commission sent specifications for the Dietitian in Jersey City Hospital ($1500), and Dietitian in a County Insane Hospital ($1444–$1800); as well as in the State Hospital ($1800-$2100), and in the State Guard and Correction Service ($1200–$1500). Similarly the New York Commisssion was announcing the requirements for dietitian in a county sanitorium at $1080.[2]

To the enquiry sent to City Civil Service Commissions, replies were received from 13 of the 18 cities of over 400,000 population. The City Civil Service Commissions of Baltimore, Detroit, Cleveland, Los Angeles, Milwaukee, New York and Philadelphia furnished schedules of requirements; while the hospital authorities or city executives in Buffalo, Boston Minneapolis, Newark, St. Louis and San Francisco furnished statements.

[2] A classification of all types of dietitian service in government employ, national, state, county and municipal, would present significant professional facts. Consider, for example, the social significance of such developments as: Michigan's provision of a "State Supervisor of Dietetic Service" in the State Department of Health in its "Bureau of Institutional Health Administration," with supervision of eighteen institutions where ten dietitions are employed; or, Alabama's dietetic service to county jails under the State Prison Inspector. A study of this kind would yield fruitful suggestions for efficient public administration.

Grouping all thirteen statements, eight refer at least to graduation from a school of recognized standing as a measure of competency; six require administrative ability; three require ability to teach; one requires tact and good judgment; seven specify courses in dietetics, two specify courses in nutrition, one specifies courses in physiological chemistry, biology, chemistry and quantity cookery. In the statement of duties, in addition to the common requirement as to planning and supervising the food service, eight specify instruction of nurses and five, instruction of student dietitians. The minimum salary statements ranged from $1000 to $2100; the median salary was $1500. The maximum salaries ranged from $1500 to $2500, with the median at $2000.

Quotations from the statements by City Civil Service Commissioners may be useful in illustrating the process of standardizing the requirements for the dietitian's post. One city furnished a statement of duties but no statement of requirements, and had as yet held no examination. In New York City, the dietitian in most city institutions is "in the non-competitive class—the examination held by officials of the institution concerned;" but for Departmental Dietitan ($2500) an examination is held by the Commission with the requirement: "Three years experience in institutional dietary work in an executive or partly executive capacity, or the equivalent of such experience; due consideration to graduates of an approved course of dietetics."

Cleveland's statement of minimum qualifications is: "High school education and preferably additional training in a school of domestic science of recognized standing; two years of successful experience as a dietitian in a hospital of not less than one hundred fifty beds; thorough knowledge of dietetics and of modern kitchen practice; supervisory ability; good judgment; cleanliness; and good health."

The Milwaukee County Commission's statement requires "graduation in domestic science including physiological chemistry and dietetics from a school of recognized standing, or training and experience considered equivalent;" with experience not specified, but to be covered doubtless in "additional qualifications" required by the Commission.

Philadelphia and Baltimore each make the experience requirement definite in quantity, one year; but as to its quality, the Baltimore requirement is experience "as dietitian in hospital or similar institution;" and the Philadelphia requirement is experience "as dietitian or the equivalent, and some supervisory experience." Both make the education requirement "equivalent to graduation from," etc.

The Los Angeles Commission had just been compiling information as

to local requirements with a view to holding an examination. It standards have the merit of specific requirement: "Candidates must be graduates from a recognized school of home economics or domestic science. Such course must have included a study of chemistry, biology, physiology, bacteriology, and food preparation, and instruction in mass cooking, nutrition and dietetics. They must have had at least six months of graduate experience in the dietetic department of a hospital or other institution for the care of the sick, of not less than forty beds. They must possess initiative and executive ability to employ, manage and supervise the work of all kitchen and dining room help connected with the food service."

These facts will be useful if they suggest that the standards taking shape in Civil Service requirements are worthy the attention of dietitians interested in the progress of their profession. The determination of adequate standards will be a matter for continued consideration for many years doubtless. The attitude of the service examiner of the Wisconsin Civil Service Commission who courteously furnished facts as did so many others, may well actuate all who engage in this cooperative standard-making enterprise: "These specifications represent a beginning on the part of our Commission to establish standards or statements of duties and qualifications. We would appreciate comments and suggestions."

It would seem appropriate for the American Dietetics Association as one way of improving the service which the dietitian renders to consider cooperation with civil service commissions, where they exist, as well as with institutions which they serve, in making definite and reasonably high the requirements for this post in public institutions.

OPEN FORUM

Ethics for Student Dietitians

The student dietitian, accustomed to the informal atmosphere of the university campus, often finds considerable difficulty in orienting herself in the atmosphere which greets her on her entrance into a hospital. Her unconscious infringements of hospital custom embarrass her and often give the dietary department an undeserved reputation for unprofessional or even unethical standards. If the chief dietitian, to avoid this, tries to give each new student the information which she needs, it is often difficult for her to make such instructions impersonal enough to avoid offending the student. We have therefore outlined the material in typewritten pages which we give to the student on her arrival. We hold her responsible for observing the regulations printed on the sheets.

We present this material in the hope that it may provoke discussion as to the possibility and advisability of the standardization and further development of such a scheme, and trusting that the suggestion may prove useful in other hospitals, as we have found it here.

FOR THE STUDENT DIETITIAN

When the student dietitian enters the hospital, she finds herself in an environment new and strange to her, in which she must make many adjustments of attitude and point of view. She must remember that she ceases to be Miss Smith or Miss Jones the moment when she puts on her white uniform, for she is then simply "the dietitian"—a necessary cog in a machine—as long as she is on duty, and often after she is off duty. If that cog slips out of place through the lack of a sense of responsibility, or assumes undue prominence because the dietitian reverts to being Miss Jones, not only the wheel which is the dietary department, but often the whole machine which is the hospital, may be jarred out of its smooth running routine. A dietitian must hold her personal feelings entirely removed from her professional contacts.

Since the status of the dietitian and her profession is still uncertain, it is natural that there should be much misunderstanding by the public, by the various branches of the hospital staff, and by hospital authorities, of the position which she should occupy. Fortunate, indeed, is the dietitian who is herself always quite certain as to where she "fits in." It is therefore particularly important that each one remember that the profession will be as big as the people who go

into it, and to regulate her conduct accordingly. The student is building for the future morale and standing of the department and of the profession. The following suggestions may be helpful in this connection:

(1) A neat and professional appearance demands that uniforms shall be well-fitting and in good condition.
(2) Hairnets should be worn over neat hair.
(3) Footwear should be suitable, neat, and in good condition.
(4) The wearing of jewelry with uniforms is neither suitable nor in good taste.
(5) A reserved and business-like attitude must be maintained at all times on duty. Social conversations are out of place.
(6) Quiet must be observed in a hospital for the comfort of the patients. Loud voices and laughter are disturbing and undignified.
(7) The use of the given name on duty is not customary even in addressing an intimate friend.
(8) Criticism should be accepted graciously and impersonally.
(9) The uniform, even though it may be covered by a coat, is never worn on the street.

The hospital is a military organization whose primary object is the care of the patient, an end which experience has shown to be better served if considerable formality and a strict system of rank are observed. The following rules are consequently customary:

(1) Always rise when your superior of any department approaches or addresses you.
(2) Always give a superior precedence in elevators, doorways, etc. In this connection your white uniform will probably give you precedence over all persons wearing colored uniforms, but the fact that you rank as a student, even though a graduate student, makes it advisable that you yield precedence to all persons wearing white.
(3) Be prompt in meeting all appointments and in carrying out orders, as well as give strict adherence to time schedules in your work.

Since the dietitian is a newcomer in the hospital field, she is sometimes considered an intruder, and she will consequently often find jealousy and resentment directed against her. If the primary purpose of the hospital, service to the patient, is to be successfully achieved, coöperation is necessary among all the departments involved in his care. Since the foundations of coöperation are consideration and courtesy, we must be particularly careful not to forget to regard the rights and point of view of the people with whom we deal, even when it seems necessary to defend our own opinion against theirs. Firmness may be necessary—discourtesy never is, and is inexcusable. In this connection it may be well to mention that it is always customary to ask the permission of the nurse in charge of a ward before going on the ward for any purpose, and that it is never permissible to hold a conversation with anyone else on the ward

without her consent. Remember that the dietitian is an outsider in her domain, and that she is therefore entitled to know who you are and why you have come. She is the best judge as to the advisability of your seeing a given patient, etc. If you see something which needs attention or correction in another department, report the matter to your own department head.

There are certain points of hospital ethics which are so rudimentary and simple that it seems hardly necessary to mention them, and yet which must be so firmly a part of our every reaction, that it may be well to fix them in our minds:

(1) Never discuss the affairs of patients or their condition with anyone outside the hospital, nor with anyone in the hospital except the professional staff.

(2) Never mention the affairs of this department to anyone in another department or outside the hospital. A hospital is like any other small community in spreading gossip, and a wise dietitian will be as little involved in it as possible.

(3) Loyalty to the hospital is implied in your acceptance of training here or of a subsequent position elsewhere.

(4) Common honesty in the use of hospital property means economy, and avoiding scrupulously all waste or misappropriation.

(5) Scientific honesty and accuracy is expected in all work and all records. When in doubt about anything, ask the person to whom you are responsible. Taking a chance may cost the welfare of a patient.

We have three purposes toward the accomplishment of which we plan everything that we do:

(1) To serve the welfare and happiness of the patients, and of all other persons for whose food we are responsible.

(2) To win and hold the respect of our associates. For this we must depend on the accuracy and efficiency of our work, and the professional appearance, intelligence, and good ethics of each one of us.

(3) To teach as much as possible in the time available to student dietitians, nurses, and as often as opportunity presents itself, to the patients and their families.

All of these things the hospital expects of the student. What should a student dietitian expect her hospital training to give her? We assume that she has a thorough previous theoretical training on which to base her work, and a knowledge of the principles on which kitchen administration is based. The hospital course, then, should add to this, practical experience in applying the principles of dietetics and dietotherapy to individual cases, as well as a knowledge of hospital ethics and etiquette, and a clear conception of hospital organization and hospital routine.

MARY W. NORTHROP,
Dietitian, Montefiore Hospital,
New York City.

The Food Budget

More complete control of expenditures in the financial management of the nutrition department is obtained when the department periodically makes an expense forecast. An organized accounting service is able to develop pretty definite figures as to unit costs, expenditures involved for raw material, and cost analysis in general. The first problem of accounting is that of recording changes in financial condition. The second problem is that of allocation of expense, i.e. the analysis of the various elements of cost and the attaching of these costs to the unit to which they belong. A carefully prepared estimate or budget may be set up as a guide to expenditures; such a form is invariably used in organizations with fixed incomes. The estimate is made for each unit of the department covering the activities and expenditures necessary to each unit and thereby resulting in greater coördination. The value of such a plan is evident in that it eliminates the possibility of one unit over-extending at the expense of the other. Its eliminates guesswork. It insures methodical consideration of all factors pertaining to cost. The objections to a budget are quite obvious. Budget administration results in restricted freedom of action and often proves too inflexible. It increases clerical expenses if the department is not already well organized as far as records are concerned. However, if a budget is given thoughtful consideration, plans will be made with care, with resulting benefit in increased accuracy.

In analyzing the food budget for the University Hospitals the allowances for the various units are determined by the census and the cost per capita for each unit. The percentage cost distribution figures, according to food groups, will vary somewhat for different sections of the country; these figures are found to serve, here, in maintaining nutritively adequate standards.

Control of inventory or stock control is not less important than budget planning. A visible perpetual inventory including a purchase record and a disbursement record presents an efficient means of control. Periodical survey of previous monthly disbursements is made from the disbursement record and posted to the purchase record.

Analysis of food budget for Nutrition Department, University of Iowa Hospitals

Various Units		*Monthly Expenditures*
General Hospital		$12,600
Estimate determined by census and Average per capita rate	$0.54	
Main Kitchen	$11,000	
Diet Kitchen	1,600	

Childrens Hospital		5,000
Average per capita rate	$0.52	
Main Kitchen and Diet Kitchen (for Orthopedic and Adult Patients)	$4,350	
Pediatrics Diet Kitchen and Milk Room	650	
East Cafeteria for Nurses—Average per capita rate	0.50	2,200
West Cafeteria for Nurses—Average per capita rate	0.50	1,900
Convalescent Home—Average per capita rate	0.50	300
		$22,000

Percentage cost distribution according to food groups

General Hospital, Main Kitchen:	*Per cent of Expenditures*	*Monthly Average*	*Weekly Average*
Meat, Fish, Eggs and Cheese	26	$2,860	$715
Vegetables and Fruits	24	2,640	660
Milk and Cream	20	2,200	550
Butter and Other Fats	12	1,320	330
Cereals, Bread, etc.	10	1,100	275
Sugar and Miscellaneous	8	880	220
	100	$11,000	$2,750
Children's Hospital:			
Meat, Fish, Eggs and Cheese	25	$1,250	$312
Vegetables and Fruits	30	1,500	375
Milk and Cream	20	1,000	250
Butter and Other Fats	11	550	138
Cereals, Bread, etc.	9	450	112
Sugar and Miscellaneous	5	250	63
	100	$5,000	$1,250
East Cafeteria:			
Meat, Fish, Eggs and Cheese	28	$616	$154
Vegetables and Fruits	24	528	132
Milk and Cream	18	396	99
Butter and Other Fats	12	264	66
Cereals, Bread, etc.	10	220	55
Sugar and Miscellaneous	8	176	44
	100	$2,200	$550
West Cafeteria:			
Meat, Fish, Eggs and Cheese	28	$532	$133
Vegetables and Fruits	24	456	114
Milk and Cream	18	342	85
Butter and Other Fats	12	228	57
Cereals, Bread, etc.	10	190	48
Sugar and Miscellaneous	8	152	38
	100	$1,900	$475

FLORENCE M. ROSS,
Head of Nutrition Department, University of Iowa Hospitals.

EDITORIAL

Would all Red Cross Dietitians be good enough to return the questionnaire sent out with the letter from the National Director, Nutrition Section? The American National Red Cross is eager to keep in touch with its qualified workers and bring its files up to date. During the Roll Call Period each year, it would be appreciated if each enrolled dietitian would send in a card stating correct address and up to date information regarding recent training, experience, and availability for service to the Nutrition Service, American Red Cross, Washington, D. C. All dietitians will be glad to know that the booklet of the "Red Cross Course in Food Selection," being revised by Dr. Ruth Wheeler, will be ready for distribution by this coming September.

C. B. S.

The Problem of Nutrition in Teaching Hospitals

One of the most difficult and at the same time most important problems in hospitals with train nurses, interns and medical students, is that of nutrition. On the part of the hospital there constantly arises the necessity of keeping the expenses within reasonable limits compatible with the accepted views of adequate requirements for the sick, and for the professional and non-professional staff. So far as the patient is concerned the efforts of the physicians are to provide the ideal. The personnel, in good health, are always eager for better and better food. Provision of a satisfactory diet for the normal personnel within the hospital presents few features new or peculiar. Difficulties arise in furnishing proper dietaries for the patients, who need special foods, unusual combinations of food materials, frequently in carefully measured amounts and often at irregular intervals. The progress in nutrition during the past few decades has been so great that to accomplish this effectively and economically a corps of well trained dietitians is necessary. But this is not all.

When patients enter hospitals they do so fully confident that they are to receive the benefits of skill and care not possible at home. Hospitals expend large sums annually to provide such service. In order that the largest group possible may receive treatment, it is necessary to have

groups of workers, comprising doctors, nurses, dietitians, social workers, laboratory technicians, and administrators with special training in their respective fields. Taken individually the groups in the average teaching hospital are probably satisfactory as a rule. Failure to obtain the best results arises to a large extent from lack of coöperation between the several groups in their duty and responsibility to the patient. The particular field of nutrition in its relation to disease is the most recent to separate as a specialty and it has encountered many obstacles in contributing to the care and happiness of the patient all that is possible. Doctors and nurses have been slow to appreciate how much the well trained expert in nutrition may contribute to the welfare of the patient provided there is the opportunity. One of the greatest handicaps encountered by the dietitian is her isolation. There has not been the opportunity to acquaint herself at first hand with the patients' needs, likes and dislikes; she has had to rely on relayed information. Through her isolation she is often quite ignorant of the physician's desires in the dietary control of the patient. Beside the difficulties of accomplishing all that is desirable from a therapeutic standpoint, the hospital administrator is constantly insisting on economy. She is given a bank account but has no control over the checks drawn by the doctors and nurses against it. What a perfect situation for waste, inefficiency and discord!

The remedy is obvious. If the dietitian must supply the proper diets in the most efficient, attractive and economical manner she must be given the proper control.

Another phase of the work of the department of nutrition in teaching hospitals is that of instruction, not only within the group but of nurses, medical students, interns and, indeed, physicians. If the instruction is to be maintained at a high level there must be an adequate budget for teaching and research. The problem here is similar in its fundamental aspects to education in general and presents few new difficulties since it becomes largely an intra-department matter. Naturally, however, proper interrelationships between the department of nutrition, the training school for nurses and the medical school are necessary.

WALTER W. PALMER, M.D.,
Presbyterian Hospital, Columbia University.

ANNA E. BOLLER

On the first of March the Association lost its executive secretary, Anna E. Boller. But in losing our executive secretary we were fortunate

enough to keep Miss Boller; no longer under contract to give us a part of her time, she continues to make us a present of the rest of it, managing the commercial exhibits with her accustomed ability and success. I dare say that her mother is still giving us most of her spare time, as she has done for years. When the A. D. A. could not afford to pay office rent, the Boller family gave us their sitting room for an executive office. When they came to our annual meetings and found out just which things promised by the hotel people and the local members and all the rest of us had not been done, Ann did them, working late, before, during, and after the meetings; her mother, with perfect equanimity, endured broken nights and lights in her bedroom at all hours and helped us out with her experienced judgment on numerous difficulties.

Legion are the friends throughout the country she has made for the Association among commercial food and equipment companies. They like to do business with her, they trust her straightforwardness and they assume that the organization she represented will have the same qualities.

It was Miss Boller who made for us our first investment, which tided us over many lean seasons. It was she who put our affairs on a really business-like basis. We ought to dig out and print some of her annual reports, and study them; she read them so modestly that few of us realized the steady advance they indicated. She bore our occasional wondering why she did not do the work of four women instead of the work of only three; she endured our lethargic support when she should have had our vigorous help; without any waving of flags or blowing of trumpets, she pushed and pulled until we were much further along our chosen way than we could ever have come without her.

And now she resigns, that is, she gives up her small salary as secretary, but goes on with the hardest part of her work. We wish her all possible happiness and success in her new work, and we hope that she may long continue to show us, with cheerful faithfulness, with never-failing enthusiasm, with utter lack of self-seeking, how a professional society should be served by its members.

The 1927 Annual Convention

The American Dietetic Association will hold its tenth annual meeting in St. Louis, Missouri, October 17, 18 and 19, 1927. The headquarters of the convention will be at the Hotel Statler.

The Association was founded in 1918 in Cleveland by pioneers in administrative hospital dietetics. The war had focused the need of the country and the world upon adequate control of diet from the standpoints

of health and economics. A small group of dietitians organized the American Dietetic Association to further the common cause of all workers in nutrition and to determine the standards of the dietitian. From this small beginning the Association has grown into a national organization of highly trained workers in nutrition and allied fields.

To the hospital administrative dietitian has been added the expert in diet-therapy, the metabolic research worker, the teacher of nutrition in schools and colleges, the social service dietitian in hospitals, clinics, and city centers, the dietitian in the schools who detects malnutrition in children, and brings them up to normal, at the same time educating the child to know something of food values; the dietitians in commercial work, directors of cafeterias and lunch rooms, the educational directors of large food firms and of magazines and daily papers who conduct nutrition columns.

The program of the American Dietetic Association at its Annual Meeting covers all of these fields. Speakers are provided from among the laity and the medical profession who discuss authoritatively the problems of each group. The latest word in nutritional research is brought to the Association. Administrative puzzles are solved by the most competent people in that specialty. In addition to this, valuable information which no dietitian interested in her future and the future of her profession will want to miss. The inspiration derived from the Convention stimulates to renewed activity and ambition.

St. Louis is uniquely adapted to act as the Convention City. It offers an opportunity for study in all the phases of the field of Dietetics. Washington University School of Medicine and its affiliated Hospitals and Dispensary, the Barnes Hospital, the St. Louis Children's Hospital, the new St. Louis Maternity Hospital and the Washington University Dispensary is one of the out-standing medical groups of the United States. The personnel of the staffs, laboratory and hospital equipment and research facilities presents a well balanced medical plant.

The Shriners Hospital for Crippled Children is nearby. The new Jewish Hospital with its complete modern equipment and central service Kosher Kitchen and St. John's Hospital are in the neighborhood. St. Mary's Hospital, St. Luke's, Missouri Baptist Sanitarium, City Hospital, Bethesda, Mullanphy, and Christian are other important hospitals with active dietetic departments.

The various hotels, restaurants, Y. W. C. A., Y. M. C. A., the cafeterias of some of the large department stores, factories, and schools will permit observations of their kitchens and dining rooms.

Twenty-eight railroads coming into St. Louis make it accessible to travelers from any part of the country.

MARJORIE HULSIZER COPHER.

ADEQUATE OR OPTIMUM DIET?

What constitutes an adequate diet is a matter of common knowledge to all readers of this JOURNAL and there is no need to emphasize here the importance of securing (1) the necessary number of calories, (2) enough protein of suitable quality, (3) sufficient amounts of the mineral elements in correct proportions, and (4) enough of the vitamins. All four of these equally important essentials must be furnished by the dietary if it is to prove adequate and the readers of this JOURNAL are fully informed as to the types of foods which are the best sources of these essentials both from the nutritive and economic points of view.

But we are now being asked if we should rest content with an adequate diet, whether our objective ought not rather to be an optimum diet. Sherman[1] has shown that a diet already adequate according to our present-day standards can be much improved by simply increasing the proportion of milk in it. This adequate diet, which consisted of one-sixth whole milk powder and five-sixths ground whole wheat, proved its adequacy by successfully maintaining experimental animals (rats) fed exclusively upon it generation after generation. But a parallel lot of animals on a diet of one-third whole milk powder and two-thirds ground whole wheat proved to be superior in a number of ways,—(1) they grew more rapidly, (2) they made a greater gain in weight for each thousand calories consumed, (3) they were of larger average size at all ages, (4) they matured earlier, (5) they showed later onset of senility, (6) the females were more successful in rearing their young, (7) the young grew better during the nursing period, (8) fewer families died out, (9) the death rate was lower both in early and adult life, and (10) the average length of life was greater. And all of these improvements, due simply to the change in proportion of the milk to the wheat in a diet already adequate, were even more marked in the second generation than in the first. There is no doubt that these laboratory results with animals can be applied to human beings and that longer life with better health can be secured by improving the dietary even if it is already adequate according to our established standards.

[1] Sherman and Campbell. Growth and Reproduction upon Simplified Food Supply. IV. Improvement in Nutrition Resulting from an Increased Proportion of Milk in the Diet. J. Biol. Chem., 60 (1924) 5.

This evidence that a more liberal intake of milk will so raise the level of health and efficiency must tempt those charged with the responsibility of feeding others to make such an improvement in their dietaries. In planning to make such a change they should keep in mind the finding in the study of 224 American dietaries[2] that an increase in the prominence of milk in the diet (as measured by the percentage of the food money spent for milk) resulted in an increase in all the dietary essentials without any increase in the total cost. As Sherman[3] says " . . . . it is economically entirely feasible for the people as a whole to command the means of making this improvement in their dietaries if and as they become educated up to the point of desiring to do so." Readers of this JOURNAL are in a strategic position for aiding in bringing this to pass.

[2] Sherman. Chemistry of Food and Nutrition. 3rd Ed. Chap. xx.
[3] Sherman. Nutrition and Health. Ind. Eng. Chem., 18 (1926) 1261.

CURRENT LITERATURE

MARJORIE HULSIZER COPHER

American Journal of Diseases of Children:

January, 1927.

P. 78. Calcium metabolism. W. A. Price.

February, 1927.

P. 230. Studies on experimental rickets. 28. Does vitamin D pass into the milk? E. V. McCollum, Ph.D., Sc.D., Nina Simmonds, Sc.D., J. Ernestine Baker, B.S. and P. G. Shipley, M.D.

March, 1927.

P. 442. Transfused blood in infants with severe malnutrition. Harry Baldwin, M.D., Philip S. Astrowe, M.D. and Helen Rivkin, M.A.

P. 451. Lactate metabolism in infants, its relation to lactic acid milk. M. Bernard Brady, M.D.

American Journal of Hygiene:

January, 1927.

P. 27. The possibility of human infection and intoxication by certain organisms of the salmonella group. 1. Rate and extent of growth and physical changes produced in foods by Bacillus suipestifer; Bacillus pestis-caviae; Bacillus sanguinarium and Bacillus anatum. S. R. Damon and L. W. Leiter.

March, 1927.

P. 7. Standards for milk pasteurization. Chas. E. North and Wm. H. Park.

American Journal of Pathology:

January, 1927.

P. 67. Experimental gangrene produced by dietary means. A. H. Smith and M. Bogin.

American Journal of Physiology:

January, 1927.

P. 255. Vitamin B: Requirement for successful reproduction and rearing of young H. G. Miller.

P. 260. Blood regeneration in severe anemia. 5. Influence of striated and smooth muscle feeding.

P. 271. 6. Influence of kidney, chicken and fish livers and whole fish.

P. 280. 7. Influence of dairy products on hemoglobin production. G. H. Whipple and F. S. Robscheit-Robbins.

P. 305. Relation of vitamin B and E to fertility in male rat. H. A. Mattill.

P. 316. Effect on reproduction and lactation of differing proportions of meat in mixed diet. F. H. MacLeod.

P. 341. Vitamin B in commercial meat residue and commercial egg albumin. G. R. Cowgill.

February, 1927.

P. 615. Calcification studies with pigs fed different protein supplements. L. A. Maynard and R. C. Miller.

P. 626. Calcification studies with rats fed Menhaden oil and various Menhaden fish meals. R. C. Miller and L. A. Maynard.

P. 689. Studies on the physiology of the liver. 2. Effect of adrenalin upon blood sugar following ligation of the hepatic artery. Wm. S. Collens, David H. Shelling and Chas. S. Byron.

P. 694. Studies on inorganic salt metabolism in dogs. 3. On certain factors which influence the deposition and resorption of bone. Martha R. Jones.

March, 1927.

P. 65. The effect of zinc administration upon reproduction and growth in the albino rat, together with a demonstration of the constant concentration of zinc in a given species, regardless of age. Phoebe K. Thompson, Marion Marsh and Katherine R. Drinker.

P. 140. Effects of carbon monoxide inhalation upon metabolism. F. M. Walters.

P. 185. The effect of glycine upon the metabolism of isolated perfused muscle. D. Rapport and L. N. Katz.

American Journal of Public Health:

January, 1927.

P. 27. Place of banana in diet. W. H. Eddy and M. Kellogg.

February, 1927.

P. 121. Chicago's program for correction of pasteurization defects. George W. Putnam, B.S.

P. 131. Definitions of pasteurization and their enforcement. Leslie C. Franks, Frederick J. Moss and Peter E. LaFevre.

Archives of Internal Medicine:

March, 1927.

P. 317. Effect of ultraviolet light on oxygen consumption and on total metabolism. Edw. H. Mason, M.D. and Howard H. Mason, M.D.

P. 330. Carbohydrate tolerance in normal persons and in non-diabetic patients. Albert H. Rowe, M.D. and Hobart Rogers, M.D.

Archives of Pediatrics:

February, 1927.

P. 71. Diarrhea in infants. Lloyd Arnold, M.D.

P. 109. Abnormal growth in a girl. Lucy Porter Sutton, M.D.

P. 122. Diet in the diarrhea of older infants. C. K. Johnson, M.D.

Boston Medical and Surgical Journal:

January 13, 1927.

P. 50. Feeding of normal infants at birth. M. Ladd.

January 20, 1927.

P. 89. Study of epileptic children treated by ketogenic diet. F. B. Talbot, K. M. Metcalf and M. E. Moriarity.

Bulletin of Johns Hopkins Hospital:

January, 1927.

P. 1. The effect of inorganic salts on calcification. L. Emmett Holt, Jr.

P. 52. Infantile rickets. Treatment of intra-muscular injection of a codliver oil concentrate. Lawson Wilkins and Benjamin Kramer.

California and Western Medicine:

January, 1927.

P. 33. Treatment of obstinate obesity. H. C. Shepardson and R. E. Allen.

Canadian Medical Association Journal:

February, 1927.

P. 171. The cholesterol content of the blood plasma as an index of progress in insulin treated diabetics. I. M. Rabinowitch, M.D., C.M.

P. 175. The treatment of diabetes mellitus through office practice. Edward H. Mason, M.D.

March, 1927.

P. 277. An address on metabolic factors in the treatment of tuberculosis. Jonathan C. Meakins, M.D., F.R.C.P.

Hospital Management:

January 15, 1927.

P. 40. Eighty trays served in thirty minutes "any day of the week." Louis Cooper Levy.

P. 72. Waste of food in hospitals. E. M. Gerahty.

February 15, 1927.

P. 72. Minimizing waste of foods. Mary E. Foley.

March 15, 1927.

P. 72. Dietary department.

Journal American Medical Association:

January 1, 1927.

P. 6. Effect of a diet low in calcium on fertility, pregnancy and lactation in the rat. Results of experiments. Donald Macomber, M.D.

P. 24. Anti-rachitic properties developed in human milk by irradiating the mother. A. F. Hess, M.D., Mildred Weinstock, B.S. and Elizabeth Sherman, B.A.

P. 28. End results in treatment of diabetes mellitus in children. First of a series of four articles on diabetes. Elliott P. Joslin, M.D.

P. 33. The hospital dietary. Editorial.

January 15, 1927.

P. 169. Citric acid metabolism as indicated by urinary examination. E. B. Woods, A.M.

P. 170. Potential diabetic child. Priscilla White, M.D.

P. 173. Action of insulin on carbohydrates. Editorial.

P. 173. Response of the colon to feeding. Editorial.

January 29, 1927.

P. 316. The use of national foods in treating diabetic patients of foreign birth. Frances Stern and Jean Reyner.

P. 324. Metabolism at different ages. Editorial.

February 5, 1927.

P. 396. A simple method for deriving formula for a diabetic diet. W. S. Collens, M.D. and D. H. Shelling, M.D.

P. 404. Zinc in metabolism. Editorial.

P. 406. The stability of vitamin B. Current Comment.

February 12, 1927.

P. 485. Metabolic consequences of fasting. Editorial.

P. 486. Nutrition and behavior. Editorial.

February 19, 1927.

P. 565. Glandular therapy; the calcium mobilizing hormone of the parathyroid glands; chemistry and physiology. J. B. Collip, M.D. and W. S. McCann, M.D.

P. 570. Vitamin balance. Editorial.

February 26, 1927.

P. 628. The use of the high fat diets for constipation. Florence H. Smith, B.S.

March 5, 1927.

P. 707. The clinical studies of gastric function. A. L. Bloomfield, M.D. and C. S. Keefer, M.D.

March 19, 1927.

P. 877. The care of the patient. Francis W. Peabody, M.D.

P. 908. Increase in stature of American boys in the last fifty years. Horace Gray, M.D.

P. 926. President signs Lye bill. Current Comment.

P. 928. Red meat and white meat. Current Comment.

March 26, 1927.

P. 977. Amoebic dysentery in Chicago. Preliminary report of a survey of food handlers following a small outbreak. Bertha Kaplan, M.S., C. S. Williamson, M.D. and M. C. Geiger, M.D.

P. 980. Absorption of calcium from intestinal tract of human subjects; influence of foods. J. H. Roe, Ph.D. and B. S. Kahn, A.B.

P. 1005. Blood regeneration through diet in anemia. Editorial.

Journal of Biological Chemistry:

January, 1927.

P. 255. Iron in nutrition. 3. The effects of diet on the iron content of milk. C. A. Elvehjem, C. C. Herrin and E. B. Hart.

P. 263. Dietary factors influencing calcium assimilation. 8. The calcium level and sunlight as affecting calcium equilibrium in milking cows. E. B. Hart, H. Steenbock, A. W. Kletzien and H. Scott.

P. 309. Relation between the vitamin C content of a cows ration and the vitamin C content of its milk. J. S. Hughes, J. B. Fitch, H. W. Cave and W. H. Riddell.

P. 317. Physiological effects of diets unusually rich in protein or inorganic salts. Plate 1. Thomas B. Osborne, Lafayette B. Mendel, Edwards A. Park and Milton C. Winternitz.

P. 379. The determination of the amount of connective tissue in meat. H. H. Mitchell, R. L. Zimmerman and T. S. Hamilton.

P. 429. The protein value in nutrition of beef liver, beef heart and beef kidney. H. H. Mitchell and Jessie R. Beadles.

February, 1927.

P. 699. Codliver oil concentrate; its value as an antirachitic agent when injected subcutaneously. Benjamin Kramer, Sidney D. Kramer, David H. Shelling and M. J. Shear.

March, 1927.

P. 13. Antiricketic substances. 5. The action of ultra-violet rays on the ethers and esters of cholesterol. Chas. E. Bills and Francis McDonald.

P. 57 Studies on insulin. N. R. Blatherwich, Fritz Bischoff, L. C. Maxwell, John Berger and Melville Sahyun.

P. 99. The effect of acid and base ingestion upon the acid-base balance. Alfred E. Koehler.

P. 223. Growth experiments on diets rich in fats. Harold Levine and Arthur H. Smith.

P. 261. Studies of the metabolism of women. 3. Variation in the lipid content of blood in relation to the menstrual cycle. Ruth O. Key and Ruth E. Boyden.

P. 299. Iron in nutrition. 4. Nutritional anemia on whole milk diets and its correction with the ash of certain plant and animal tissues or with soluble iron salts. E. B. Hart, C. A. Elvehjem, J. Waddell and R. C. Herrin.

The Lancet (London):

January 8, 1927.

P. 68. Gastric secretion in exophthalmic goitre. H. Moll and R. A. M. Scott.

Modern Hospital:

January, 1927.

P. 132. Special diets in disease. Harry Gauss, M.S., M.D.

P. 91. The dietary department.

P. 162. A concentrated orange juice for sick room usage.

February, 1927.

P. 126. Handling dietary problems by the central food service. Una Crawford.

P. 130. Reorganizing the food service in a state hospital. Katharine A. Pritchett.

March, 1927.

P. 156. Taking stock for the individual dietitian. Estelle M. Barker.

P. 160. Designs food chart for student nurses.

P. 160. The relation of good cooking to health.

P. 160. Helping to solve the weekly fish problem.

Practitioner (London):

January, 1927.

P. 1. Effect of tobacco smoking on digestive system. H. Rolleston.

Surgery, Gynecology and Obstetrics:

February, 1927.

P. 253. Preparation and management of surgical diabetic patients. G. G. Duncan and I. F. Frost.

ASSOCIATION NEWS

NUTRITION SERVICE OF THE AMERICAN RED CROSS

The Bureau of Dietitians' Service which served during the World War as part of the Nursing Service of the American Red Cross became the Nutrition Service in 1921. As the service has grown, coöperative relationships have been increasingly strengthened with the Extension Service of the Dept. of Agriculture, Federal Board of Vocational Education, State Supervisors of Home Economics, Public Schools, Normal Schools, Colleges, Universities, and State Health Departments. There are many ways in which the enrolled dietitian may assist in her community, such as by conducting Food Selection Classes, helping the Chapter with Annual Roll Call, or by rendering service in emergency disasters and epidemics. Working in coöperation with the United States Veterans Hospital in one state, the Nutrition Service has given practical aid to the hospitalized diabetic. During the year 1925–26, twenty-four states have been rendered service with from one to ten programs in the state through Red Cross Nutritionists. Reports show that in approximately thirty-eight states, nutrition instruction has been given through the nutritionist or enrolled Red Cross dietitian-instructor. For information regarding enrollment requirements and for further details of service address correspondence to the following:

OFFICE OF THE NUTRITION SERVICE,
American Red Cross, Washington, D. C.

DEPARTMENT OF PUBLIC WELFARE

Besides the general administrative problems of the large hospitals and other municipal institutions, the dietitians of the Department of Public Welfare are conducting special dieting studies such as the pernicious anemia diet of Murphy and Minot and other recent nutrition procedures for adults and babies. Advantageous positions for student and graduate dietitians are open from time to time in the Department of Public Welfare which is a city department comprised of twelve large institutions, accommodating general hospital patients, tubercular patients, neurological cases, cancer, maternity cases, defective children, the aged and infirm, children in hospitals and city lodgers. More than 14,000 people are sheltered and fed in the institutions of the Department and the dietary department administers $1,700,000 for food annually. Write to the address below for any desired information:

OFFICE OF THE DEPARTMENTAL DIETITIAN
Municipal Building, New York City.

NEW YORK DIETETIC ASSOCIATION

In 1926, the New York Dietetic Association decided to establish an annual lecture on some phase of nutrition in which research has been of special interest or significance. Dr. Paul G. Shipley of Johns Hopkins Hospital gave the first of these lectures at the April meeting of the Association on the subject of "Rickets." Dr. Shipley's address is published in this issue.

Dr. Martha M. Eliot, Director, Child Hygiene Division, Children's Bureau, United States Department of Labor, discussed the

paper mentioning briefly her interesting studies on babies in Porto Rico for occurrence of rickets, and the work of the Division in New Haven. Professor H. C. Sherman of Columbia University stressed several points of special interest to the chemist interested in nutrition.

The Home Economics Association of Greater New York, the New York Nutrition Council, Visiting Nurse Association, and others interested in nutrition and public health were the guests of the New York Dietitians. About 600 persons attended the lecture.

KANSAS CITY DIETETIC ASSOCIATION

The Kansas City Dietetic Association has been holding regular monthly meetings throughout the year and the membership, which is growing steadily, has found them most interesting and instructive. The programs have included such speakers as Miss Margaret Cheney, Ph.D., Instructor of Nutrition, Manhattan State College of Agriculture, Manhattan, Kansas: Dr. Donald R. Blach of the Research Diagnostic Clinic, Kansas City, Missouri; Dr. Purde Wright, City Librarian; and Miss Gudrun Carlson of the United Meat Packers Association of America.

The Kansas City Association is looking forward to the Convention in St. Louis and hopes to be represented by a large delegation.

CALIFORNIA STATE DIETETIC ASSOCIATION

The California State Dietetic Association has affiliated with the American Dietetic Association this year. All active and associate memberships are paid through the local association. The Council is urging all local members to join the national association.

A second printing of the Compilation of Diets is off the press. This is a loose-leaf book containing in compact form material often referred to by nutrition workers. It is revised and additions are made to it by the Dieto-Therapy Committee of the California State Dietetic Association. It was originally compiled by the Southern California Dietitians Association.

The annual meeting of the California State Dietetic Association will be held with the Western Hospital Association this year, from May 31st to June 3rd inclusive at the Ambassador Hotel, Los Angeles. The Dieto-Therapy Section, the Education Section, and the Administrative Section are all planning very interesting sessions. A dietary information bureau, commercial, non-commercial, and demonstration exhibits will form features of the annual meeting.

Because of the great interest hospital administrators evince in dietetic work, a dietetic section of the Western Hospital Association is being formed. This will bring together all dietitians of the West, including British Columbia. The temporary chairman for this section is Helen B. Anderson, 1733 West 23rd Street, Los Angeles, California.

We feel very fortunate in having Dr. Agnes Fay Morgan as chairman of a special committee on registration for dietitians. Some standardization of training, hours of work, duties, staff recognition, and salaries has long been necessary.

The monthly programs for the two sections of the Association this year have been interesting and educational. Two of the outstanding features were the talk on "The Relation of the Dietitian to the Administration" by Mr. G. W. Olsen, and "Dietetic Training for the Student Nurses" discussed by Anne C. Jamme and Miss Daisy D. Urch. Much has been accomplished to further a feeling of coöperation and good will between nurses, superintendents, and dietitians this year.

WASHINGTON, D. C., DIETETIC ASSOCIATION

The February meeting of the Washington Local Association was held at Children's Hospital. Dr. Foote of the city gave an illustrated lecture on "Nutrition Throughout the Ages as Depicted in Art."

A joint meeting was held in February also with the Foods and Nutrition Section of the Home Economics Association at the Grace Dodge Hotel. Miss Grace Lindsay spoke on her interesting experiences in food work during the war.

Another joint meeting was held in April at the new Y. W. C. A. on Seventeenth and K Streets, N. W. Miss Anabelle Bird escorted the group through the entire building.

Election of officers was held at a special meeting at the New Emergency Hospital. The results were as follows: President, Grace Hunter; Vice-President, Ruth Huckins; Secretary and Treasurer, Rowena Roberts. The above officers are the Chief Dietitians respectively of Walter Reed General Hospital, Children's Hospital, and Sibley Memorial Hospital.

CHICAGO DIETETIC ASSOCIATION

The officers of the Chicago Dietetic Association are President, Mrs. Gilbert, Presbyterian Hospital; Vice-President, Miss Hennecke, Head Dietitian Presbyterian Hostpial; Secretary, Miss McKittrick, Mercy Hospital; Treasurer, Miss Randell. The association has a membership of fifty.

In January the annual dinner meeting was held at Grayling's Tea Room. Dr. Malcolm T. MacEachern, Chairman of Hospital Activities for the American College of Surgeons spoke on the "Minimum Standards for the Dietary Departments for Hospitals."

An "All-Dietitian" Meeting was held in February at the John Crerar Library. Mrs. Fowler was the chairman of this meeting. Discussions were held on general hospital diets, light diets, diets for nephrosis, and the anemic diet. The committee on revision was instructed to change the constitution to conform to the new standards of the National Association.

The March meeting was held at Wesley Memorial Hospital. Mrs. Fowler was chairman of this meeting also and there was a general discussion on Dr. MacEachern's paper mentioned above. The following is the list of topics that were considered: (1) use of acidophilus milk in the hospital menu; (2) use of paper trays; (3) use of paper glasses; (4) value of sourkraut juice in menu; (5) value of prepared orange juice; (6) value of Klim and Klim tablets; (7) value of artificially colored gelatines; (8) protein milk, prepared, or purchased; (9) use of Karo syrup in baby feedings. Miss Gudrun Carlson of the United Meat Packers Association gave some recipes for the use of liver in the diet.

PORTO RICAN DIET

The Presbyterian Hospital in San Juan, Porto Rico, is very lovely, with the ocean at one side and beautiful palm trees all around. There are ten on the American staff and eighteen on the Porto Rican staff with a training school of fifty nurses. In our department we have had two American dietitians but one of them left last week having completed two years of service, and one of the Porto Rican student dietitians has taken her place. She is the first student dietitian to be trained on the island and the first Porto Rican dietitian we have had in the hospital. As she has had her college work in the States, she should be very well fitted for the position. We also have one other student who has attended school in the States.

In regard to the Porto Rican diet, there is much to say in favor of and against it. In

America, meat and potatoes form the staple foods as rice and beans do down here, but I find the diet of the Porto Rican very lacking in green vegetables. As very few vegetables are grown on the island, they are consequently very expensive. Since the last cyclone in July, we have been short of all vegetables grown on the island and foods have almost doubled in price. Once a week a boat comes in from the States bringing food and we have a standing order for head lettuce and celery; during the summer it was quite a treat to have the American fruits and vegetables which we miss so much down here.

The favorite Porto Rican foods are soups or broths, rice with beans, either separate or mixed, codfish, and "cafe con leche," which is a cup of milk with a little coffee for flavoring. Fried foods of all kinds are popular, especially fritters. A great deal of olive oil is used in cooking. Salads are not an essential part of the meal as in America but lettuce with much vinegar and oil is served as part of the meat course. A favorite dessert is a paste made from the guava fruit served with cream cheese and crackers; in the country among the poorer classes of people, bananas and oranges are used a great deal.

It is not so much a question of diet down here, however, as it is of economics. You can't tell a mother to give her under-weight child a quart of milk a day when there are ten children in the family and the father is earning but a dollar a day! It is a comparatively simple matter to correct the diet of a person who has the money to buy the right kind of food but it is an entirely different problem to order or suggest milk and vegetables for people in a home where rice and beans can hardly be afforded.

During my recent visit to the Fort of France, Martinique—that quaint little French island dropped down in the southern part of the Caribbean—I had occasion to spend some time in the markets. Now any market in the tropical islands is apt to be an interesting sight but none can surpass the beauty of Martinique for color and charm. The market is open very early in the morning when venders come in from the mountain side laden down with vegetables and fruits. At nine o'clock the place is teeming with activity as the buyers stroll to and fro pricing the various eatables in each booth and gradually filling their baskets with the choicest and the best in exchange for a few francs.

The color effect created by the native dress is most attractive as these people are more original and characteristic than any other inhabitants of the West Indies. From early childhood the women carry bundles on their heads and by the time they have reached the teens they are able to balance huge loads; this gives them perfect grace of carriage and beautifully developed shoulders. Some of the women wear large straw hats over their bandanas; that is, about an inch of the hat is on the head, held in place by the basket, and the rest is allowed to fall down and drape itself over one ear, presenting a most comical appearance.

During the morning, women arrive from all sides of the square. On meeting with a friend they softly exchange the greetings of the day, prefaced with a kiss. It is not uncommon to see two women, each balancing baskets, meet and kiss each other on the cheek, without the basket being moved an inch or its contents being spilled.

The market square is in a sunny place and at the height of the buying it is a blaze of colors that dazzle the eyes, as not only are the dresses brilliant of hue but the fruits—oranges, mangoes, tomatoes, bananas, mangerines, papavas, and platanoes—all blend together. One is tempted to buy a little of everything to carry home a bit of color to have when the scene shall have faded from the eye—but not from the memory, for how can one forget such a charming scene?

F. B. F.

GRASSLANDS HOSPITAL

May 8th is the date for the official opening of *Westchester Hall*, the new school and residence for nurses at Grasslands Hospital, Westchester County, New York. Grasslands is the public hospital of Westchester County and serves a population of 475,000. The institution is of modern construction, fully equipped. The bed capacity is 400; the present daily average is 370.

The hospital is in the center of the county, about 25 miles from 42nd Street, and is accessible by bus service from every city in the county, direct or via White Plains. The suburban express station is Valhalla. Grasslands is a "Grade A" hospital. A training school for nurses has recently been registered by the regents of the University of the State of New York. The training school opens in September. It is to be a three year course; preference given to high school graduates. The hospital offers also a six months course for student dietitians. Students are required to have a B.S. Degree or a diploma from an accredited school.

Westchester Hall is artistically furnished and well equipped with modern improvements, which include a gymnasium and a tiled swimming pool 60 feet by 25 feet. One wing of the first floor is devoted entirely to class work. This includes a reference library, lecture room, demonstration room, and chemical and diet laboratories. The chemical and diet laboratories are very fully equipped for 12-student sections. The equipment for teaching dietetics to nurses is unusually complete. Equipment includes two equipped Hoosier cabinets, one large utility cabinet, refrigerator, ice cream freezer, and a gram scale. The Lorain gas stove and oven are fed by Pyrofax gas supplied from tanks outside the building, as are also the individual gas stoves of the nurses' desks. Each nurse has a separate desk equipped with necessary utensils. The tray method will be used in teaching and a complete tray service is at hand for setting trays for private patients.

The main kitchen of the hospital, where food for patients and staff is prepared, is bright and airy, having large windows on both North and South sides. An addition to the special diet kitchen is in progress. Diets of all sorts are prepared. In March, the daily average of special diet trays was over 120, and, in addition, 90 children's meals were served from the diet kitchen, which brought the daily average above 200 meals per day.

Grasslands is administered by Dr. C. W. Munger, County Director of Hospitals and Health. Miss Rhoda A. Tyler is the chief dietitian.

DENTAL EXPERIMENTAL CONTESTS

Joelle Long at Mulberry House Centre has been doing some very interesting work under the direction of the A. I. C. P. in connection with her work at the Health Centre. Dental contests are being conducted in the schools of her district. The Columbia School of Hygiene has cleaned the teeth of over 2000 children. These children, during the experiment, are taught the care of the teeth and the diet which builds strong teeth. After the teeth are cleaned, the children go to the dentist for the necessary fillings. All extractions are done at the school. One school is composed of children who have had intensive dental work done in the early grades; a second school has not had this advantage and serves as an interesting check. The children of the first school have half as many extractions of permanent teeth as those of the second school. The experimental contests promise many interesting findings.

EMPLOYEES' RESTAURANT OF MUTUAL BENEFIT LIFE INSURANCE COMPANY

The Mutual Benefit Life Insurance Company of Newark, New Jersey, opened its new three million dollar building at Belleville and Second Avenues on April 18th. The entire sixth floor is utilized by the employees' restaurant which is managed by Miss D. E. Samuel, a Pratt Institute dietitian. The kitchen and dining room equipment alone cost about $50,000.00 and is very complete and efficient. The restaurant is arranged for waitress service but is so planned that it may readily be converted into a cafeteria when the numbers increase to make table service slow and impracticable. A great deal of the equipment is run by steam including the coffee urns, plate warmers, stock pots, vegetable cookers, etc. The ice boxes are cooled by brine except the ice cream boxes which are equipped with Frigidaire-Automatic Electric Refrigeration. French doors lead from the dining room to a promenade where the employees may relax and where the men may enjoy a smoke. There are two dining rooms on the second floor of the building; the food is conveyed down by an elevator and kept hot in a steam table in a serving pantry which takes care of both dining rooms.

RECORDS FROM SPECIAL DIETS OF LONG ISLAND COLLEGE HOSPITAL

Lillian Anderson writes that almost every variety of special diet is sponsored at the Long Island College Hospital by Dr. Andresen, Dr. Johnson, and Dr. Marzala. These diets include those for diabetes, pernicious anemia, gastric hemorrhage, gastro-enterostomy, ulcer, constipation, general blood building, and diseases requiring general high caloric, high carbohydrate, and high protein diets. During the month of February an average of 81 special diets from the above list were served daily.

The Murphy-Minot diet for pernicious anemia has been used with great success. Blood counts as low as 10, 12, and 21% haemoglobin have been raised to levels of from 85 to 92% haemoglobin, without the aid of transfusions. One patient, a Mr. B., a periodic visitor, who had had 30 transfusions, was finally put on this diet. In a few weeks his blood count was raised from 35 to 91% haemoglobin and he is now enjoying good health.

NUTRITION INTERNES AT THE UNIVERSITY OF IOWA HOSPITALS

The University of Iowa Hospitals offer a twelve month internship in nutrition. Opportunity is afforded to work for a master's degree during that period. A total of 30 credits is required and the candidate must submit a thesis showing an intensive study of a special topic. Students are given the choice of specializing in either administrative or therapeutic work in nutrition. The selection of their thesis subject depends upon the type of work in which they are most interested and may be either a problem in administration or a special problem in nutrition. The plan of work is so arranged that part of the time is devoted to regular hospital routine and part to classes. The hospital work is of primary importance.

The plan of work for our nutrition interns includes 3 months training at the General Hospital in office work, in the main kitchen, on the wards, and in the cafeteria for nurses; another 3 months at the General Hospital, of which 6 weeks are devoted to the active administration of the diet kitchen, 6 weeks to reference reading, case studies, and calculation of diets, and 2 weeks to

laboratory work; 3 months at the Children's Hospital divided into 6 weeks of administration, 3 weeks in the orthopedic and adult patients diet kitchen, and 3 weeks in the pediatrics diet kitchen and milk room; 3 months devoted to the unit in which the student is most interested.

Students may register in the course July 1st, or September 15th.

FLORENCE M. ROSS,
Head of Department of Nutrition.

THE QUEBEC DIETETIC ASSOCIATION

The Quebec Dietetic Association elected the following officers, for the ensuing year, at the annual meeting in January: President, Miss Edith L. Hunter, Montreal High School; Vice-President, Miss Bessie M. Philp, Head of the School of Household Science, Macdonald College, P. Q.; Secretary-Treasurer, Mrs. Eleanor C. Ree. A review of the activities for the past year show a wide variety of interesting and profi table discussions. With a rapidly increasing membership, the Association looks forward to an enthusiastic and progressive year.

ONTARIO DIETETIC ASSOCIATION

The Dietetic Council of Toronto changed its name this year to "Ontario Dietetic Association." Though the membership of forty is mainly from Toronto, the intention is to embrace dietitians of sufficient standing throughout the province, who, until now, have been without professional association.

The present year, September, 1926, to June, 1927, has been very successful. Well attended meetings have been held monthly, usually in the hospitals. Among the speakers who have addressed them are Miss Violet Ryley, Manager of the T. Eaton Co. Georgian Room, and Miss Eleanor Robertson whose varied experience abroad resulted for us in a very interesting paper on Food and Dietetics in Japan. Dr. Almon Fletcher of the University of Toronto lectured on "Diet in Arthritis;" and Prof. J. J. R. McLeod on "Diet in relationship to Metabolism."

The officers for the year are: Hon. President, Miss Laird, University of Toronto, Department of Household Science; President, Miss C. Hazlett, Christie St. Hospital; Vice-President, Mrs. C. H. Burns, Toronto General Hospital; Treasurer, Miss Violet Ryley, T. Eaton Company; Corresponding Secretary, Miss Jean I. Huth, Hospital for Sick Children; Recording Secretary, Miss Florence MacDonald, Wellseley Hospital. Committee: Miss M. T. Porter, Toronto General Hospital; Miss F. Shannon, Isolation Hospital; Miss L. Richardson, Childs Company.

CONNECTICUT DIETETIC ASSOCIATION

The Connecticut Dietetic Association holds four meetings during the year on the third Thursday in January, March, May and November. At the annual meeting held at the Hartford Hospital, the following officers were elected: President, Miss Ardele Valcourt, Hartford Hospital; Vice-President, Miss Maniza Moore, Grace Hospital, New Haven; Secretary, Miss Sands, Connecticut Agricultural College, Storres, Conn.

The March meeting was held at the Meriden Hospital where it was decided to have a crusade for new members. Previous to the meeting a questionnaire was sent out relative to an invitation from the Connecticut Home Economics Association to join their organization. At the meeting it was unanimously voted that we remain a separate unit and aim to strengthen our ranks in view of affiliating with the National Association. Dr. Thomas Murdock of the Medi-

cal Staff of the Meriden Hospital spoke on "Minot and Murphy Diet."

The May meeting will be held at St. Francis' Hospital, Hartford. The program will be made up of round table discussions and Dr. John Francis Lynch will speak on "Diet in Hypertension."

NEWS NOTES

Mary E. Aschenbrener has left the Station Hospital at Fort Sam Houston, Texas, and is located at the Fitzsimmons Hospital, Denver, Colorado.

Aile Beckman has returned to Chicago to take the position of dietitian at the new Rogers Park Hospital.

Nancy Bennett is with the Infant Welfare Society of Chicago. The past year she completed her student dietetic work at Michael Reese Hospital, Chicago.

Anabelle Bird recently left the Episcopal Eye Ear and Throat Hospital, Washington, D. C. and is now with the new Y. W. C. A. of the same city.

Miss Chryssa Black, formerly at the Western Hospital, Toronto, came to the Cafeteria at the Sun Life Assurance Co., Montreal, in November, when the dietetian, Miss Phyllis Clarke resigned after her marriage to Mr. T. C. Vanterpool.

Beulah B. Bowen is now connected with the Puritan Restaurant at Freeport, Illinois. Until lately she was with the Stephenson Company at Davis, Illinois.

Gladys Bradbury is now Mrs. John W. Purvis. She may be reached at 2700 West Chicago Blvd., Detroit, Michigan.

Melanie Brieman, who has been at the Mt. Sinai Hospital, Chicago, writes that her new address is 1465 Bedford Avenue, Brooklyn, New York.

Fae Buckle, assistant dietitian, Research Hospital, Kansas City, Missouri, has accepted a position as dietitian at the St. Luke's Hospital of the same city.

Mary Burr is the new dietitian at the Episcopal Eye Ear and Throat Hospital, Washington, D. C.

Margaret de Clercq, who recently completed her student dietetic work at Micheal Reese Hospital, Chicago, is now at Presbyterian Hospital of the same city.

Miss Margaret Cook is the new assistant at Miller Hospital, St. Paul.

Margaret Craig, who has been engaged in commercial work in Seattle, Washington, has gone to the Idaho Falls L. D. S. Hospital, Salt Lake City.

Katherine DeWitt may now be reached at Horseheads, New York, in care of Miss Luie Shippee.

Sarah Dobson is located at Millmine, Illinois, at the present time.

Kathryn Durnell is now at the Columbia Hospital, Washington, D. C.

Miss Nellie Englebracht is the new assistant at Mounds Park, St. Paul, and came here from Rockford, Illinois.

Miss Jeanette Ertz of Parkview Sanatorium, Minneapolis, filled the vacancy made by Miss Bethana Webbs' going to Bethesda in St. Paul. Miss Constance Bohman who was dietitian at Bethesda has entered the government service.

Velma Everitt is the new dietitian at the Homeopathic Hospital, Washington, D. C.

Emma Feeney of Pratt Institute expects to spend a month or more in England, Scotland, and the Continent this summer. She will visit several well known hospitals in London to observe the nutrition work of Great Britain.

Miss Ferguson will return as dietitian to Camp Fernwood, Maine, having with her as assistant Ruth Glass.

Ada M. Field may now be reached at 106 Morningside Drive, New York City.

Elsie Fitzgerald has been at the New Emergency Hospital, Washington, D. C. since last July.

Rose Straka Fowler has given up her work as chief dietitian at the Presbyterian Hospital, Chicago, and is now doing the consultant and advertising work for the Chicago Dietetic Supply House, of which her husband is the President.

Leona Frederickson has left the Baltimore City Hospitals to take a position at the State Sanitarium, Milledgeville, Ga.

Margaret E. Fritachel, formerly of the Columbia Hospital, Milwaukee, Wisconsin, has accepted a position at the Presbyterian Hospital, Chicago.

Miss Theodora Goodrich is transferred from No. 68 to Fort Snelling Hospital, Minnesota.

Edith T. Hall, formerly of the Christian Church Hospital, Kansas City, Missouri, began her duties on April 15th at the Missouri Methodist Hospital, St. Joseph, Missouri.

Emma Halloway is broadcasting over W. J. Z. a series of talks on Menu Making on the first Thursday of each month.

Miss Elizabeth Hanes has left Montreal to re-open Bigwin Inn, Lake of Bays, Ontario, for the summer season.

Margaret Hessler's address is now 1324 Wilson Avenue, Columbia, Missouri.

Miss Lois Hurlbutt is head dietitian at the Minneapolis General Hospital since Miss Marian Stewart's marriage. Miss Jeanette Goldthorpe is the new assistant dietitian.

Bertha Ide of the Norfolk Protestant Hospital, Norfolk, Va., has taken a six months leave of absence in order to spend some time in study at Johns Hopkins Hospital.

Miss Elvera Kretsch came to Aberdeen Hospital, St. Paul, from South Carolina.

Mildred Krohn, who recently completed her student dietetic course at Iowa Methodist Hospital, is now at the U. S. Veterans Hospital, Fort MacKenzie, Sheridan, Wyoming.

Carolyn Miller is chief dietitian at Columbia Hospital, Washington, D. C.

Bickley Morton is assistant dietitian at the Research Hospital, St. Joseph, Missouri.

Miss Eleanor Newcomb took the "newly created" position of assistant at Swedish Hospital, Minneapolis.

Miss Ruth Park, of Toronto, was appointed supervising dietetian at the Montreal General Hospital when Miss Maude A. Perry resigned last fall, and has as her assistants, Gwen Taylor, Harriet Van Wart and Orilla Lindsay.

Anna MacKinnon Pegram has gone to the Presbyterian Hospital, Charlotte, North Carolina.

Maud Perry has returned from her winter in Florida and says that she has had a most delightful stay there. She may be reached at 703 North Mayfield Avenue, Chicago.

Pratt Institute opened a model cafeteria and instructors' tea room on April 4th. The equipment is all of the latest and most approved type and is unusually complete and attractive. This should be of the greatest value in training the student dietitian.

Miss Janice Purdy is dietitian of Abbott Hospital, Minneapolis, taking Alice Brack's place who was forced to give up the position because of illness.

Miss Ellen Sattre, dietitian at St. Luke's Hospital, St. Paul, for the past three years has resigned. Miss Alice Gutske, the assistant is now in charge of the department. Miss Grace Schwieger is the new assistant.

Verona Schaefer has accepted a position at the Montefiore Hospital, New York City. She recently finished her student work at the University Hospital, Minneapolis, Minnesota.

Emily Shirkey is the new dietitian at the Children's Hospital, Kansas City, Missouri.

Fanny L. Sicker has been very ill since last December. She is now a patient at the New York Hospital, 10 West 16th Street, New York City, but hopes to be discharged soon and go abroad to recuperate.

Thelma Smith has been at Presbyterian Hospital, New York City since last June as one of the assistant dietitians.

Corinne Snyder recently left the Homeopathic Hospital, Washington, D. C. and has accepted a position in Florence, South Carolina as hospital dietitian.

Miss Vera Sparling is now Mrs. Mews. We regret that a serious illness has kept her from attending the Association meetings, since her return to Montreal, but trust that she will soon be with us again.

Miss Florence Sperry is head dietitian at the New Midway Hospital, Minnesota, and Marian Hagstrom is her assistant.

Anna Springer writes that she is now located at Maple Road, Bryan, Ohio. She was formerly at the Brownville General Hospital, Penna.

Helen Stodola is now at the Mercy Hospi-

tal, Baltimore, Md. She was formerly at the Parkview Sanitarium, Minneapolis, Minn.

Lillian J. Stowell of Watertown, New York, has accepted a position at the Pawling Sanitarium, Wynantskill, Rensselaer County, New York.

Miss Gertrude Thomas of the University Hospital, Minneapolis, has been seriously ill and is taking an extended vacation in California. Miss Marian Smith has taken her place with Mrs. Ylvisaker as assistant.

Dorothy Tower writes that she is leaving Tokyo the last of May and will be back in the United States about the first of October. Miss Tower's home is in North Adams, Mass.

Della Truett left Columbia Hospital, Washington, D. C. last December and has gone to Baltimore.

Miss Harriet Warmington, head dietitian at Fort Snelling, Minnesota, was transferred from Aberdeen, St. Paul.

Dr. Edward R. Weidlein, director, Mellon Institute of Industrial Research, University of Pittsburg, has announced the appointment of Dr. Erich W. Schwartze to the senior incumbency of the Institute's Multiple Industrial Fellowship on Cooking Utensils. This Fellowship has been recently established for the purpose of making comprehensive chemical and pharmacodynamic studies of the effects of the corrosion of metallic cooking utensils during the preparation of foods therein.

Westchester County has just recently completed a new Employees Building and Nurses Home. The Hospital has lately been registered as Class A. In September both a Nurses Training School and also a six months course for student dietitians will be commenced.

Nellie Wilson has accepted a position at the Blossburg State Hospital, Blossburg, Penna.

Miss Thelma Wirtenberger took Alice Whiting's position at Gillette State Hospital, St. Paul.

Anna Wolf, formerly of Troy, New York, has gone to the Somerset Hospital, Sommerville, New Jersey.

Marie Yon has left the Walter Reed General Hospital, Washington, D. C. and is now located at the Letterman General Hospital, Presidio of San Francisco, California.

MARRIAGES

Chryssa Black to Mr. T. C. Vanterpool.
Vera Sparling is now Mrs. Mews.
Gladys Bradbury to John W. Purvis.

ADDRESSES FROM WHICH MAIL HAS BEEN RETURNED

Fuchs, Emma.....740 E. 12th St., Oklahoma City, Okla.
Galloway, Hazel Winders.....2400 Grand Ave., Milwaukee, Wisc.
Goetz, Theresa.....25 Linden Ave., East, Atlanta, Ga.
Heidinger, Ruth.....1102 N. W. Eighth Ave., Miami, Fla.
Johnson, Ruth H.....Jefferson Hospital, Philadelphia, Pa.
Lawler, John.....210 E. 23rd St., New York City
Lorance, Mrs. Luther M.....611 S. Ashland Blvd., Chicago, Ill.
McConahy, Mrs. Mary Swope.....Golden State Hospital, Los Angeles, Calif.
Smith, Blanche.....57 S. Washington St., Rochester, N. Y.

NEW MEMBERS

(February, March and April)

Amdurski, Sylvia.....515 W. Central St., Chippewa Falls, Wisc.
*Ardrey, Margery.....826 S. Ogden, Denver, Colo.
Bacheller, Marjorie E.....Temple University, Philadelphia, Pa.
*Bahl, Wanda A.....Watertown State Hospital, East Moline, Ill.
*Bailey, Virginia M.....Newport, Minn.
Ball, Zella J.....Baptist Hospital, Louisville, Ky.
Barber, Edith M.....28 W. 12th St., New York City
†Beamish, Beulah M.....346 McIntyre St., West, North Bay, Ontario, Can.
Bliss, Dorothy M.....300 Longwood Ave., Boston, Mass.
†Brady, Mary Elizabeth.....Middlesex Hospital, Middletown, Conn.
*Britton, Beatrice N.....R. F. D. no. 1, Claremont, N. H.
*Brower, Esther M.....Michael Reese Hospital, Chicago, Ill.
Brown, Aileen.....Louisville and Jefferson County Childrens' Home, Anchorage, Ky.
Burrill, Lida M.....2376 Carter Ave., St. Paul, Minn.
*Carthrae, Addie B.....Missouri Baptist Sanitarium, St. Louis, Mo.
Childs, Alberta.....382 Maple St., Hinsdale, Ill.
*Cisne, Maurine.....Cisne, Ill.
*de Clercq, Margaret L.....Presbyterian Hospital, Chicago, Ill.
Cleveland, Margaret B.....2109 Braddock Ave., Swissville, Pa.
†Cody, Laura.....Victoria Hospital, London, Ontario, Can.
Connolly, Alice M.....600 N. Broadway, Baltimore, Md.
Coyne, Blanche K.....Dwight, Ill.
†Curfman, Mary R.....Johnston-Willis Hospital, Richmond, Va.
*Curtis, Sarah E.....Quincy, Fla.
Daise, Blanche.....General Hospital, Fresno, Calif.
Davis, Loie L.....Scott and White Hospital, Temple, Tex.
†Drew, Priscilla B.....600 N. Broadway, Baltimore, Md.
*Engdall, Evelyn.....600 N. Broadway, Baltimore, Md.

*Junior Members.
†Associate Members.

Fickle, Blanche E. . . . . Knoxville General Hospital, Knoxville, Tenn.
Floore, Frances B. . . . . Presbyterian Hospital, San Juan, Porto Rico
Fossen, Ida. . . . . Fergus Falls, Minn.
Hanes, Elizabeth A. . . . . Bigwin Inn, Lake of Bays Via Huntsville, Ontario, Can.
*Hedman, Gladys M. . . . . 1453 Charles St., St. Paul, Minn.
Hungate, Lolita. . . . . Homestead Hospital, Columbia, Mo.
Jenson, Alice. . . . . Clifton, Tex.
Jones, Gladys H. . . . . Evanston Hospital, Evanston, Ill.
Keller, Doris. . . . . Peter Bent Brigham Hospital, Boston, Mass.
†Kennedy, Mary E. . . . . Philadelphia General Hospital, Philadelphia, Pa.
King, Cornelia W. . . . . Good Shepherd Hospital, Syracuse, N. Y.
†Kirkpatrick, Verna J. . . . . Muhlenberg Hospital, Plainfield, N. J.
*Krohn, Mildred . . . . . U. S. Veterans' Hospital, Fort MacKenzie, Sheridan, Wyo.
†Lamb, Erminie Van Ostrand . . . . . 2916 N. 26th St., Tacoma, Wash.
Latimer, Florence E. . . . . 1601 S. Western Ave., Los Angeles, Calif.
Levy, Florence E. . . . . 1800 E. 105th St., Cleveland, Ohio
Lewis, Kathleen. . . . . Johns Hopkins Hospital, Baltimore, Md.
*Maroney, Viretta H. . . . . Lawrence Memorial Hospital, New London, Conn.
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